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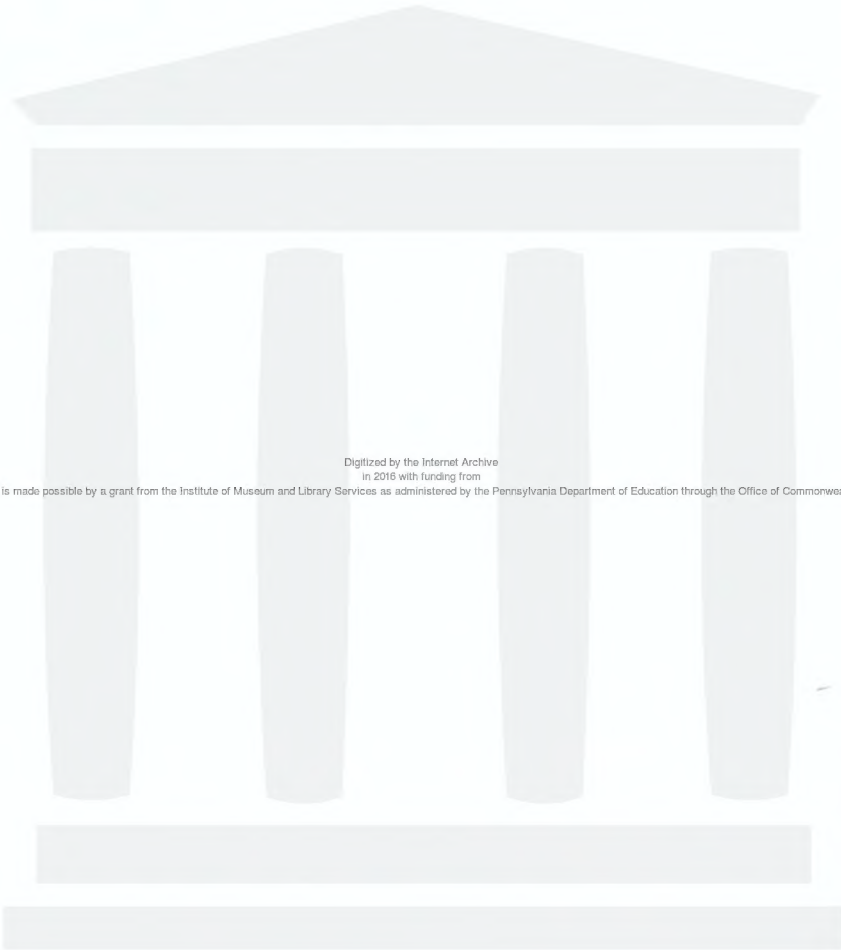
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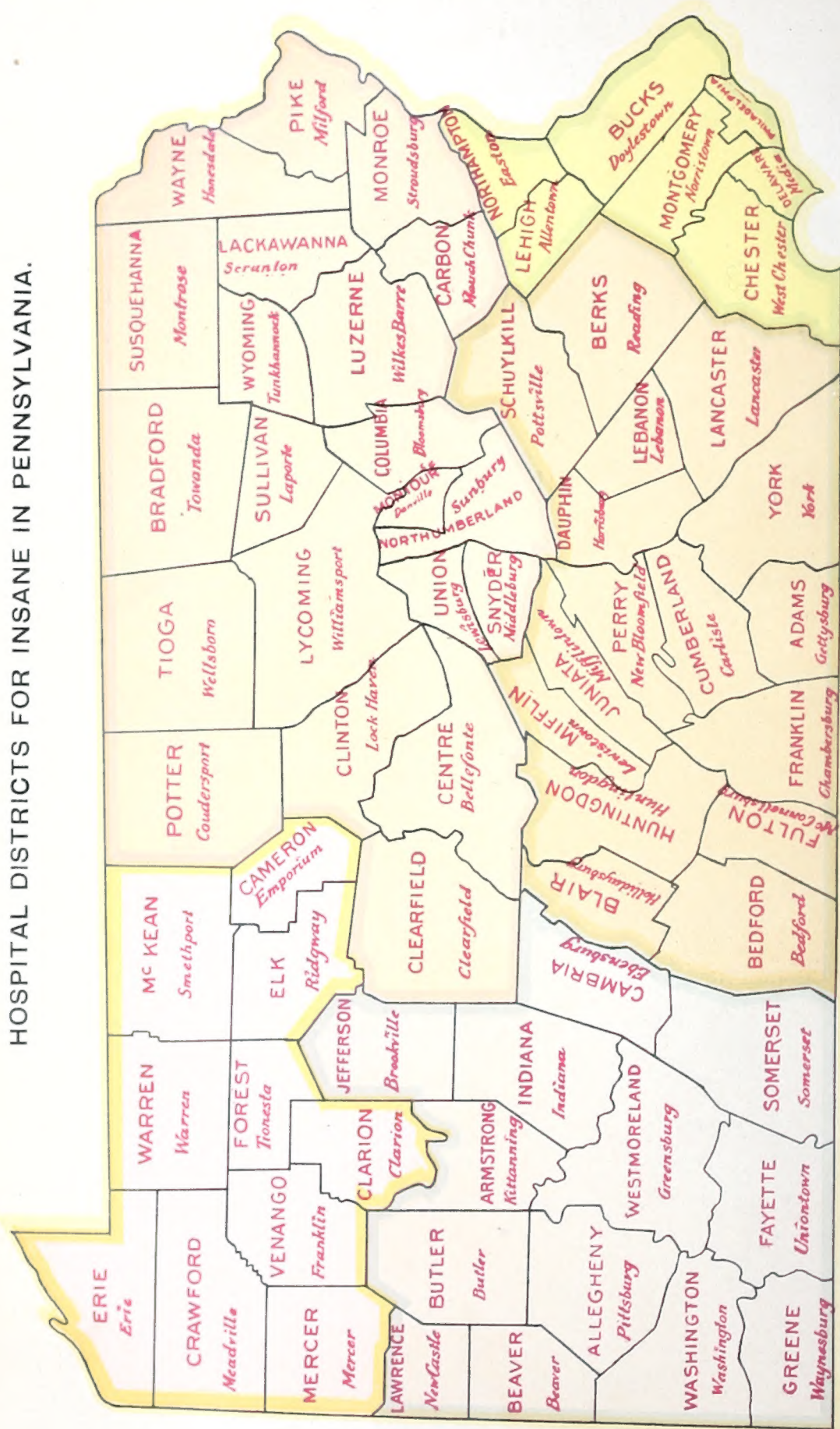
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W. C. Kelly.



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HOSPITAL DISTRICTS FOR INSANE IN PENNSYLVANIA.



REPORT OF THE COMMISSION

TO INQUIRE INTO THE

CONDITION OF THE INSANE

WITHIN HOSPITALS

OF THE

STATE OF PENNSYLVANIA.

COMMISSION APPOINTED BY CONCURRENT RESOLUTION
OF THE SENATE AND HOUSE OF REPRESENTA-
TIVES, APPROVED JULY 11, 1901.

WM. STANLEY RAY,
STATE PRINTER OF PENNSYLVANIA.
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CONCURRENT RESOLUTION.

No. 36.

In the Senate, April 30, 1901.

Whereas, The crowded condition of the hospitals for the insane gives warning of the early necessity of the accommodation of an increased number of patients, and the return of the insane from State institutions to those under control of the different counties is an experiment of doubtful expediency; and

Whereas, It is demanded in the interest of ordinary humanity and for the credit of the Commonwealth that the care and treatment of this unfortunate class of the community should be upon some established basis which shall afford them the most modern and approved methods of treatment and the greatest amount of comfort and freedom compatible with their condition; and

Whereas, The State of New York at the Willard Hospital has established a system whereby under kindly and gentle surveillance, the lunatics are found occupation for mind and body as successful artisans, tillers of the soil and mechanical constructors; therefore,

Resolved (if the House concur), That a commission be appointed to inquire into the exact condition of the insane now in the State institutions and as to the policy and effect of the present practice of removing them to the different county institutions, as well as into the cost of the maintenance, and the policy and propriety of affording them light physical employment, to this end the commission shall be authorized to have free and untrammelled admission to all State and county hospitals, and shall inquire into the most modern methods of treatment in vogue in reputable institutions of other States, and obtain the official views of experienced superintendents, physicians and officers as to any improved methods of government or economy. Especial attention shall also be directed to the physical condition of the buildings with regard to protection from fire and means of escape of their inmates.

The commission shall be composed of three Senators, to be appointed by the President pro tem.; four members of the House, to be appointed by the Speaker of the House; it shall serve without compensation, except for actual expenses and the cost of a secretary and stenographer; such expenses shall be paid by vouchers drawn upon the State Treasurer by the President of the Commission and

filed and approved by the Auditor General. The President pro tem. of the Senate, and the Speaker of the House shall be ex-officio members of the commission, which shall make a full report to be forwarded to each Senator and Member at least one month prior to the meeting of the next Legislature, such report to be forwarded in the proportion of thirty copies to each Senator, Member and heads of departments, and to embrace a draft of any proposed law which the Commission shall deem expedient to ameliorate the condition or protect the lives of the insane in this Commonwealth.

E. W. SMILEY,

Chief Clerk of the Senate.

The foregoing resolution concurred in June 20, 1901.

THOMAS H. GARVIN,

Chief Clerk of the House of Representatives.

Approved—The 11th day of July, A. D. 1901.

WILLIAM A. STONE.

REPORT OF THE COMMISSION APPOINTED BY CONCURRENT
RESOLUTION OF THE SENATE AND HOUSE OF REPRESENTATIVES, APPROVED JULY 11, 1901, TO INQUIRE INTO
THE CONDITION OF THE INSANE WITHIN HOSPITALS OF
THE STATE OF PENNSYLVANIA.

To the Senate and House of Representatives of the Commonwealth of
Pennsylvania:

Your Commission organized upon October 8, 1901, by the election
of Hon. William P. Snyder as Chairman, and Alexander K. Pedrick
as Secretary.

From that date until the opening of the Legislature, the work of
the Commission has been continuous. It has, as a body, visited the
institutions herein named, upon the following dates:

Philadelphia Hospital for Insane,	May	17, 1902.
Polk State Institution for Feeble-Minded,	May	26, 1902.
Warren State Institution,	May	27, 1902.
Willard State Hospital, New York,	May	28, 1902.
Manhattan State Hospital, Ward's Island, New York,	June	28 1902.
Norristown Insane Asylum,	July	12, 1902.
Wernersville Asylum for Chronic Insane,	July	26, 1902.
Luzerne County Hospital, at Retreat,	August	9, 1902.
Wisconsin Board of Control, Madison,	Sept.	8, 1902.
Dane County Asylum, Wisconsin,	Sept.	9, 1902.
Mendota State Asylum, Wisconsin,	Sept.	9, 1902.
Milwaukee Hospital for Insane,	Sept.	10, 1902.
Wauwatosa County Hospital, Wisconsin,	Sept.	10, 1902.
Northern Hospital for Insane, Wisconsin,	Sept.	11, 1902.
Winnebago County Asylum, Oshkosh,	Sept.	12, 1902.
Chester County Hospital,	Sept.	20, 1902.
Matteawan Criminal Insane Hospital,	Oct.	17, 1902.
Lancaster County Hospital for Insane,	Nov.	8, 1902.

As supplementary to the labors of the main Commission, four sub-
committees were appointed to take into consideration the various
matters indicated in the Concurrent Resolution of the Legislature.

The first sub-committee, consisting of Messrs. Bliss, Hail and Marshall, was directed to ascertain the physical conditions of the different institutions with regard to the escape of their inmates in case of fire.

The second sub-committee, consisting of Messrs. Hall, Heidelberg and Sproul, was instructed to inquire into the policy and effect of the present practice of removing the insane to the different county institutions.

The third sub-committee, consisting of Messrs. Sproul, Marshall and Anderson, investigated the policy and propriety of affording the insane light physical employment.

The fourth sub-committee consisting of Messrs. Marshall, McClain and Scott, proceeded to obtain the official views of experienced superintendents, physicians and officers as to any improved method of government and economy.

In order that the labors of the Commission might attract the attention and invite the criticism of persons who were familiar with the management of the insane, public meetings were called and held in court room No. 646, in the City Hall, Philadelphia, on May 6 and 7, 1902. Invitations to attend these meetings were sent to the superintendents of every State and county institution in Pennsylvania having in charge any insane patients. The opinions of these officials were sought for and obtained and their testimony and their views are attached as part of this report.

The examinations of the various sub-committees were carefully conducted. The one to which was assigned the duty of ascertaining whether the institutions had provided suitable means of escape in case of fire, was not merely satisfied with verbal statements from the superintendents, but required a formal and exhaustive statement as to the condition of each hospital. This statement will also be found attached to this report.

The work of the other sub-committees, while not alluded to in detail, has been acted upon by the full Commission, and their conclusions with regard to the various matters of inquiry will be attached hereto.

One of the main questions at issue was the expediency of maintaining separate county institutions for the insane as against the general plan of accommodating them in large State institutions. In determining this question, the Commission decided to look into the practical workings of the county care system, as developed in the State of Wisconsin, a State which has become especially noted for its encouragement of that system. In accordance with this plan the Commission visited six of the insane asylums of Wisconsin, and examined their system of the care and treatment of the insane. The administration of the laws of that State is vested in a board

of five members, which is known as the Board of "State Control of Wisconsin Reformatory, Charitable and Penal Institutions." Each member of the board is required to give his entire time to the duties of his office, and receives an annual salary of two thousand dollars and actual necessary expenses incurred in the discharge of his duties. The board also employs a secretary, two clerks and a stenographer. It has power to act in the same manner as a commissioner of lunacy, and can confine patients in any hospital or asylum in the State, and can order and compel the discharge of any patient they may deem sane (except persons held for criminal charges, or by an order of a judge of a court made in a criminal proceeding). The insane asylums are divided into two classes—one class designated as State institutions, in which the acute (or patients that have been insane less than two years) are confined. Those that have been insane for a longer period than two years are designated as chronic insane, and are confined (unless dangerous) in county asylums, which are usually situated in close proximity to the county almshouses, but are under separate management. The State institutions are well managed, and in the matter of the care and treatment of the insane are second to none in the United States. The county asylums do not have the same comforts and conveniences for the patients as the State institutions, and the majority of them contain less than one hundred patients. Two of the board, ex-Judge W. P. Lyons and Gustav Kusterman, Esq., visited the asylums with the Pennsylvania Commission. These gentlemen and their colleagues are exceptionally able and conscientious men, and amongst the foremost citizens of that State.

In reaching the conclusions, after examining the Wisconsin hospitals, of both classes, your Commission realized that the danger of the county system was in the fact that less competent and conscientious men than those in charge at present might at some time become members of the Board of Control, and that the patients confined in the county asylums, especially where the number was less than one hundred, might be allowed to drift back to the old condition which governed the almshouse management, which was in vogue fifty years ago. While the present control of the county asylums seems to be reasonably correct, there is always danger that their isolated condition, their small population, the absence of daily medical attendance might favor the neglect or abuse of patients. So far as the argument is used that proximity to home might benefit the patients who are sent to their local asylums, the result is an open question. The fact of being so near the place of their original residence, and yet being unable to live in it, is liable to be a source of irritation. When it is urged that the larger State institutions compel a patient to a certain degree

to lose his individuality, it is no less true that in those larger institutions the facilities for medical treatment, and for scientific care and attention are far better than in an isolated county hospital. There is a measure of safety in numbers, and the attendants of State institutions are much more likely to be trained for efficiency than those who are merely required to supervise a small number of patients.

For these reasons your Commission cannot recommend the county system of the care of the insane unless the State should be divided into districts containing a sufficiently large population, so that the ratio of insane from this population would permit institutions to be maintained having an average of four hundred patients or more. It is possible that in this case the patients would obtain all the medical care, comforts and advantages of a State institution, and subject to the doubt, as already expressed, might have the additional advantage, if any, of being in proximity to their relatives, so that they could be visited without much expense in traveling, or loss of time.

Another prominent point to which the attention of the Commission was directed was the advisability of supplying some light physical employment to the inmates of insane asylums. In order to thoroughly investigate this branch of the subject, it was deemed best to inquire into the laws of New York, and to visit a large insane asylum at Willard, in that State, an institution which has been prominently known for its methods of giving employment to the insane. An examination of the detailed report of this Commission (attached hereto), will give an idea of the methods of employment in use at that institution. It is needless to recite them in detail, but upon a farm embracing practically twelve hundred acres of land, and under rules which are flexible and adapted to the situation, it is found that there is ample means of occupying more than fifty per cent. of the able bodied patients. They work in the fields, vineyards, berry patches, in the shops and at almost any occupation, except, perhaps, carpentry work. They manufacture the brooms, brushes, baskets, mattresses, clothing, boots and shoes. They have out-door work upon the quarries and roads. To summarize this point, the Commission recommend, in brief, that occupation of some sort, steady, and, if possible, outdoor, should be provided for such inmates as are physically and mentally able to do the same. Attached, however, to this recommendation, is the proviso, that at no time and under no circumstances, should the patient be regarded as a money-making machine. He should still retain his position as purely an object of care and solicitude, and no work should be assigned to him which would not be beneficial in its results. The question of cost or compensation should never enter into this phase

of his existence, because the State could never afford to degrade the objects of her care and charity to the mere level of agents to make money. It may be added that the general theory of employment, as we have indicated, is not by any means a novel one in Pennsylvania, inasmuch as a number of our State and several county institutions are acting upon this well-established theory. The object of the Commission is to recommend its more general extension.

Your Commission enters with some hesitation upon a branch of the subject which has been forced upon them by prevailing conditions, and that is the control and investigation of the State and county hospitals for the insane by representative State officials. There are seven large State institutions, and eighteen county hospitals. The State institutions, at the time of our examination, contained 6,700 actual insane persons, while the county institutions contained 3,928, making an aggregate of 10,628 insane persons to be cared for.

Of the State institutions it may be said that the Commission, as a rule, found them governed by gentlemen of long experience, and with an appreciation of the difficulties of their task and a disposition to protect and benefit the inmates under their care, but the Commission realized at an early stage of the inquiry that there was a lack of uniformity in the management of these institutions. The Commonwealth has been remiss in not framing any general system of laws for their uniform government, and the will and dictum of each separate board of trustees or managers constitutes the law of each asylum. There are separate systems of obtaining supplies—separate rules for the daily routine of the institutions—separate methods of caring for particular classes of inmates; in short, a lack of any general or coherent plan for the management and government of the seven asylums upon any uniform basis. This defect was brought still more vividly to the front when the laws of the State of New York were compared with those of Pennsylvania.

The Commission then sought to find under the enactments providing for the Board of Public Charities and for a Lunacy Commission, whether a remedy could not be supplied, but the result was entirely unsatisfactory. The Board of Public Charities and the Lunacy Commission, while entrusted with authority in certain specific cases, appeared to be merely “advisory” committees rather than agencies representing the power and control of a great Commonwealth over her insane institutions. Composed, as they are, of gentlemen of high character, and efficient and fully qualified to perform the comparatively minor and unimportant duties, and to exercise the comparatively slight powers conferred upon them by the present laws, they, nevertheless, convey no impress of the strong

hand of authority. The majority of their members visit the institutions very seldom, but entrust the more active and intricate examinations to two paid agents. Upon these two paid agents practically has rested the examination of all the State and county institutions, in addition to the prisons and other hospitals. However faithful these agents may have been, however intelligent their inquiry, it is apparent to your Commission that they must necessarily prove entirely inadequate to meet the demands of existing conditions. No two men are in themselves properly able to investigate the necessities of 10,628 lunatics, and 1,117 feeble-minded people. The task is beyond them. Neither is it probable that the members of the Board of Public Charities can, in the intervals from other business, find time to devote themselves with much energy or zeal to the numerous questions which arise as to the government of the insane asylums. They receive no salary, and cannot be expected to become the active, energetic officials which the Commonwealth needs to protect the weak, infirm and helpless inmates of her asylums. As a matter of fact, during the year 1900, the report of the Board of Public Charities, when analyzed, sets forth that of the ten members of the Board, only two visited any of the State hospitals for the insane, and they visited but two, those at Polk and Warren. The General Agent made one visit during the year to each of the institutions at Harrisburg, Norristown, Dixmont, Warren, Polk and Wernersville, and two to Danville. There is no record as to any visits paid by the members of the Committee on Lunacy during that year.

The report of the Board of Public Charities shows that during the year 1901, of the ten members of the State Board, only one visited any State insane asylum, and he but three of them. There is no record of the Hospital at Wernersville having been visited at all by any members of the State Board, or by its General Agent during the entire year. The General Agent's record appears to be, during 1901, that he made one trip each to the institutions at Danville, Norristown, Dixmont, Warren and Polk, and two trips to the Harrisburg Insane Asylum. As the above figures are taken directly from the official reports of the Board of Public Charities, they presumably represent correctly the official attention which the great Commonwealth of Pennsylvania, through her official agents, has taken in visiting the eleven thousand unfortunates for whom she is responsible. These facts are simply illustrative of the inefficiency of existing laws.

Your Commission has no desire in any way to depreciate the earnestness or faithfulness of the local trustees or managers who control the various State institutions, nor is it any part of our duty to criticize the actions of such trustees or managers, but while they

may fairly be assumed to have attended to their duties, they cannot be said to be strictly Governing Representatives of the Commonwealth, their authority being confined to separate institutions, and it is this central official government alone with which the Commission is at present dealing.

Confronted by this condition of affairs, your Commission endeavored to ascertain whether the laws of any other State of the Union offered any suggestions which could be adopted with advantage in Pennsylvania. They found that the State of New York had made approaches towards a better system by the establishment of an official commission, termed a "State Commission in Lunacy." This consists of three commissioners, one a reputable physician, who must be a graduate of an incorporated medical college, of at least ten years' practical experience (and who has had five years' experience in the treatment of mental and nervous diseases), and another a reputable attorney, of not less than ten years' standing. The third commissioner must be a reputable citizen. Each of these officials receives an annual salary of five thousand dollars, together with twelve hundred dollars each in lieu of traveling and incidental expenses. These commissioners are appointed by the Governor, by and with the advice and consent of the Senate, and their term of office is for six years. They are charged with the execution of all laws relating to the custody, care and treatment of the insane, and are required to examine all institutions which contain insane patients. They are entitled to free access to all grounds, buildings, books and papers of any such institution, and may appoint special agents to examine all books, papers and accounts relating to the insane. It is their province to ascertain the fitness of all officers, attendants and employes, and to visit all institutions personally. They also meet the local managers of the respective institutions in conference, and consider in detail all questions of management and improvement of the several institutions. They are empowered to make proper regulations in regard to the correspondence of the insane. Their reports to the Legislature include estimates of the amounts required for the use of the State hospitals. They also have power to purchase or contract for supplies, and their orders assign to each institution such number of patients as they may determine. The State is divided into hospital districts, with such subdivisions as the Commission may deem expedient.

In order to perfect the control by the Commission of the several State institutions, it is required to keep in its office, accessible only to the Commissioners, their secretary and clerk, a full report, showing the name, residence, sex, age, nativity, occupation, condition and date of commitment of every insane patient within the State, together with all other data relating to his or her particular case.

This Commission has also power, after a civil service examination, to appoint a director of the pathological institute, who shall perform such duties with regard to pathological research as may be required by all the State hospitals for the insane. They also appoint an attorney for each State hospital to conduct its legal business. The general powers and duties of the local board of managers are made subject to the statutory powers of the Commission.

The dominant idea of the New York system is the centralization of power in hands which are competent to effect certain definite results. First, central control of the institutions. Second, Civil service procedure with regard to the appointment of all employes. Third, A general supervision over all matters affecting the management of the several institutions.

Conceding the weakness of the present system of management in Pennsylvania, owing to the inefficiency of existing laws, your Committee recommend the adoption of the New York plan. They have, in accordance with this idea, formulated a bill for presentation to the Legislature. In the proposed act of Assembly, the principle has simply been embodied of having a central board of authority, composed of active and energetic Commissioners under a stipulated salary, and having absolute control of the insane in Pennsylvania, who shall be responsible for their care, maintenance and treatment. These paid Commissioners devoting their entire time and attention to the care of the insane, are not likely to be neglectful of their duties, nor to allow their private business to interfere with the duties which they owe to the helpless wards of the State.

It has been brought very forcibly to the attention of your Commission that the Commonwealth is delinquent in several respects, besides those of management, in regard to its insane. Upon no sound principle of equity or fair treatment, can the association of convicts and criminal insane be tolerated among the innocent patients. Some of those thus thrown in contact with the harmless insane are murderers, committed by the courts, or sent from the jails or penitentiaries. It is needless to expatiate upon these facts. The lunatic is entitled even more than the sane person, to protection from the brutal instincts of the criminal classes. In many cases the hospitals in which the convicts and criminal insane are thus immured, are utterly unfit for the purpose of confinement of criminals. The average insane hospital in Pennsylvania has never been designed for the convict and criminal insane patients. Apart from all questions of finance or economy, there is, in the judgment of your Commission, an absolute necessity for the establishment of a hospital especially designed and arranged for the care and treatment of the criminal insane.

Equally necessary is the establishment of hospitals for feeble-minded and epileptic patients. There are, at Polk, 755 patients of this class, and at Elwyn, a private institution, 1,003, making a total of 1,758 already provided for, but it appears by the reports of the Eleventh Census of the United States, which gives the number of feeble-minded by states and territories, that as far back as the year 1890, there were in the State of Pennsylvania 8,753 of this unfortunate class. Twelve years have elapsed since that census, and it is fair to assume that there has been a large increase in that number. These unfortunate need the protecting care of the State, and your Commission calls attention to this fact in the same manner as it has done in the case of the criminal insane. It is a question for the Legislature to consider whether the Commonwealth shall establish such institutions for the protection of her unfortunates, or whether a close and niggardly regard for economy shall debar them from the care and attention to which they are entitled.

The crowded condition of the existing insane hospitals in Pennsylvania demands immediate attention. An act has been passed for the construction of an additional hospital for the insane to be conducted under the homoeopathic medical system, and this, when completed, may afford some relief to the existing institutions, but not sufficient to accomplish the purpose. The overcrowded condition at Norristown and other hospitals, as shown by the testimony, should compel prompt attention by the Legislature. It is our belief that upon the inauguration of the proposed new system of control, the incoming Commission should re-adjust the entire hospital system in the State, so as to classify the institutions and their inmates, and to recommend the establishment of new State institutions at such central points as might be deemed beneficial. While greater facilities are immediately demanded, it is nevertheless true that the entire system should be governed by some general plan to be designed and carried out by the central Commissioners.

The pleas of humanity cannot be disregarded, and your Commission urges with all the earnestness with which it is capable, some immediate action to relieve the overcrowded condition of the existing hospitals. They believe this action can be best supervised by the suggested Commission to take entire supervision of the whole subject.

Supplemental to the conclusions which were reached by your Commission on the above points, it has been suggested by eminent medical authority that there should be established at certain central points hospitals for temporary detention, to be used for determining the condition and needs of the insane prior to their final commitment to such institution as seems to be suited to the requirements of the case. These institutions would practically mean separate

places for the curables. It would, as has been suggested, not fasten upon the individuals who are temporary patients, the stigma of having been in an insane asylum, and might bring about a greater number of cures than if the patients, without much preliminary effort, were summarily immured in one of the regular asylums.

Respectfully submitted,

JOHN M. SCOTT,
WILLIAM C. SPROUL,
MILTON HEIDELBAUGH,

Committee on the part of the Senate.

WARD R. BLISS,
FRANK B. McCLAIN,
DAVID M. ANDERSON,
HENRY HALL,
WILLIAM T. MARSHALL.

Committee on the part of the House of Representatives.

WILLIAM P. SNYDER,
President of Commission.

ALEXANDER K. PEDRICK,
Secretary.

LEGISLATIVE COMMISSION TO INQUIRE INTO THE CONDITION
OF PENNSYLVANIA INSANE.

REPORT
OF THE
SUB-COMMITTEE

TO
INQUIRE INTO THE PHYSICAL CONDITION OF BUILDINGS
OCCUPIED BY THE INSANE, WITH REGARD
TO PROTECTION FROM FIRE.

WARD R. BLISS, CHAIRMAN,
HENRY HALL,
WILLIAM T. MARSHALL.





Allegheny Poor Farm—Insane Wards.

REPORT OF THE SUB-COMMITTEE APPOINTED TO INQUIRE
INTO THE PHYSICAL CONDITION OF BUILDINGS NOW OC-
CUPIED BY THE STATE INSANE, WITH REGARD TO PRO-
TECTION FROM FIRE.

To the Legislative Commission to Investigate the Condition of Penn-
sylvania Insane:

Gentlemen: At a meeting held on October 8, 1901, of the joint Commission to Investigate the Condition of the Pennsylvania Insane, the following resolution, which was offered by Ward R. Bliss, was adopted:

“Resolved, That a special Committee of three be appointed, whose duty it shall be to make immediate inquiry of the officials in control of the various institutions, as to the physical condition of the buildings under their control, now occupied by the State insane, with regard to protection from fire, and the means of escape of their inmates, this report to be obtained and submitted to the Commission at as early a date as possible.”

In accordance with the foregoing resolution the undersigned being the sub-committee which was appointed to inquire into the physical condition of the buildings now occupied by the State insane, with regard to protection from fire, beg leave to submit the following report:

They have made an official inquiry of the seven institutions which are absolutely controlled by the State for the accommodation of the insane, and of the nineteen institutions in the different counties to whom insane persons have been sent for care and treatment.

While it would be possible for the sub-committee to analyze the different replies which have been made by the respective institutions, it has been thought best to present the report from each institution in full. By this means the Commission will be enabled to form its own judgment as to the condition of the various buildings, and the matter is of such importance that it is desirable that no detail, however slight, shall be overlooked.

The sub-committee, therefore, presents *in extenso* the detailed reports from each institution.

Respectfully submitted,

WARD R. BLISS,
Chairman of Sub-Committee,
HENRY HALL,
WM. T. MARSHALL.

PENNSYLVANIA STATE LUNATIC HOSPITAL FOR INSANE,
HARRISBURG, PA.

Office of the Superintendent,
Harrisburg, Pa., November 2, 1901.

Sub-Committee of the Legislative Commission to Investigate the
Condition of Pennsylvania Insane:

Gentlemen: I enclose, herewith, answers to the queries received by me on Sunday the 27th ult., and would add that the first group of buildings referred to in our report is four stories in height. These buildings, on account of their being fire traps, have been repeatedly condemned; on this account two years ago, all the patients were removed from the third and fourth stories and congregated in the first and second stories, thus reducing the risk of danger by fire to a minimum. Under the present conditions, I do not see how the risk from fire could be in any way diminished. We have watchmen on every floor both day and night, and use every precaution to protect our inmates. A portion of these buildings will be demolished during the coming year.

Very truly yours,

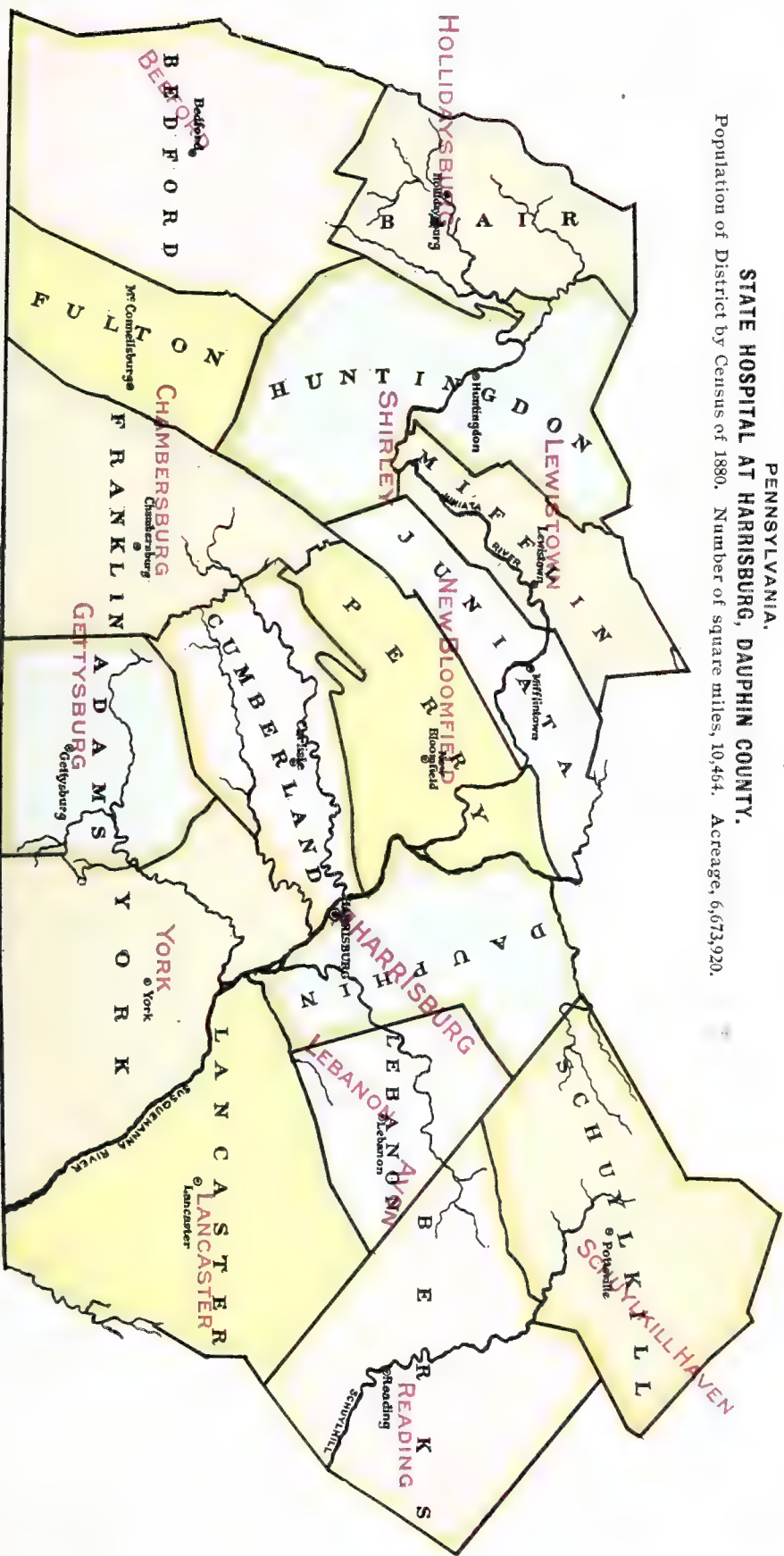
H. L. ORTH,
Superintendent.

1. What number of insane inmates are in your care? 883.
2. Males? 442.
3. Females? 441.
4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 100 attendants; capacity of our buildings for care of patients, 720.

Note by Secretary of Commission.—This letter was written prior to the reception of bids in December, 1901, for new dormitories, kitchens and various other additions to the asylum,

**SOUTHERN HOSPITAL DISTRICT,
PENNSYLVANIA.
STATE HOSPITAL AT HARRISBURG, DAUPHIN COUNTY.**

Population of District by Census of 1880. Number of square miles, 10,464. Acreage, 6,673,920.



5. Are there any violent cases which require separate confinement? Yes; at night.

6. Of what are your buildings constructed—frame, stone or brick? Brick.

7. What is the width of the staircases connecting your different stories? We have two groups of buildings in which the inmates sleep on the second floor. In the first group the stairways are three feet in width, in the second group, they are four feet in width; first group the stairs are of iron; the second group of slate.

8. Are there front and back, or only single staircases? In the first group we have front and back staircases; in the second group, only front staircases.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) We have sleeping rooms as follows: 81 on the first floors occupied by 368 patients, and 91 on the second floors occupied by 515 patients.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? 19 feet 6 inches to the top of the window sill from the ground.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? No, all our stairways, however, are built with walls 18 inches in thickness entirely outside of the wards.

12. What is the size of the doors and windows opening from the interior into the fire escapes? —.

13. How near do these fire escapes approach the ground? —.

14. Whence do you draw your water supply? From a small stream running through our grounds, and from the water mains of the city of Harrisburg.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All stories are reached by the water supply; 122 one-half inch vents on the first floor; 64 one-half inch vents on the second floor.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe? Have hose attachment on every floor of the buildings except the one-story building; one and one-fourth inch discharge from a two inch pipe.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? All hose attachments are in the central part of each ward floor, and are sufficiently long to extend 15 feet beyond the walls at either end of the hallway. The calibre one and one-fourth inches and the nozzle three-eighth inch.

18. How are your buildings heated? By steam. If heated by steam, are the boilers accessible to the insane? No.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? No; the boilers are located in a separate building 75 feet from the nearest wards.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? By electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? We own and operate our electric plant; the lights in the wards are controlled by switches under lock and key.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Yes, one general watchman and fourteen watchmen who have the care of the patients during the night.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? The nearest fire engine belongs to the city of Harrisburg, and is three-fourths of a mile from our plant; it is accessible by direct telephone to the mayor's office; the buildings are surrounded with fire plugs planted by the hospital and are supplied with union connections the same size as in the city of Harrisburg; we have our own hose carriage with 500 feet of hose.

28. Have you telephone communication with any located fire apparatus? By telephone connection with the mayor's office.

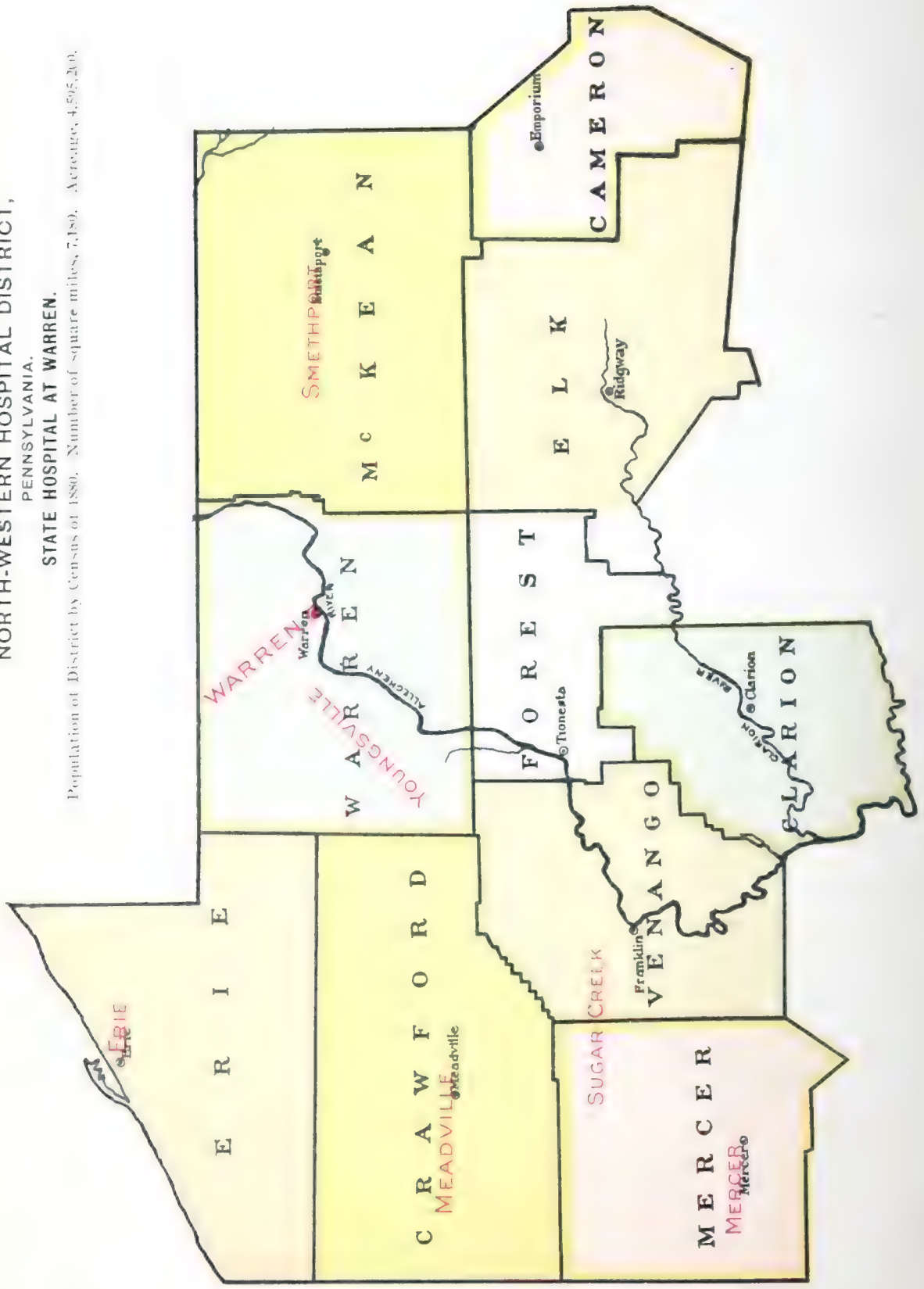
29. Have you established rules in case of an alarm of fire, or in case of alarm, have you any organized or printed methods to pursue? If you have, please send copy of them? Yes, the following general directions are given to all employes: "Notify the superintendent at once, uncoil the hose and turn the water on the fire; the engineer and his assistants, as soon as alarmed, to run to the plug nearest to the fire with the hose carriage, attach the hose and make ready to turn on the water; the patients in the meanwhile, to be removed from the burning building.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No; nothing nearer than 600 feet.

NORTH-WESTERN HOSPITAL DISTRICT,
PENNSYLVANIA.

STATE HOSPITAL AT WARREN.

Population of District by Census of 1880. Number of square miles, 7,180. Area, 4,595,200.



STATE HOSPITAL FOR THE INSANE, WARREN, PA.

1. What number of insane inmates are in your care? 1022 on October 29, 1901.

2. Males? 516.

3. Females? 506.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? (1) Number of attendants varies from 100 to 120. (2) 600 in main building, 135 in buildings now being furnished.

5. Are there any violent cases which require separate confinement? Yes, usually from 15 to 20.

6. Of what are your buildings constructed—frame, stone or brick? Main building is stone, with floors and walls of brick, iron and cement; two two-story annexes are brick; one convalescent ward in two-story frame building.

7. What is the width of the staircases connecting your different stories? Two 5 feet 11 inches wide; eight small ones—six 4 feet wide and two 4 feet 6 inches wide.

8. Are there front and back, or only single staircases? Each ward opens on two staircases; two-story buildings have two staircases.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) In main building 195 on first floor, 192 on second floor, 190 on third floor, 39 on fourth; remainder of patients sleep in corridors and dormitories.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? 39 feet 5 inches above water table.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? No; stairways are constructed of slate laid upon iron beams with walls of solid masonry; in two-story brick annexes stairways are of iron.

12. What is the size of the doors and windows opening from the interior into the fire escapes? All doors into staircases are 2 feet 10 inches wide.

13. How near do these fire escapes approach the ground? —.

14. Whence do you draw your water supply? From driven wells pumped into two large reservoirs.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All of them. See addenda.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) See addenda.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? See addenda.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? By steam; boilers are in separate buildings.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? No! No!! They are in laundry building some distance from main building.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Illuminating gas.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? It is regulated by attendants in each ward.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Yes, eighteen on duty from 9.30 P. M. to 5.30 A. M.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? In Warren, two and one-half miles away; public ones.

28. Have you telephone communication with any located fire apparatus? Buildings are all connected with each other by telephone; main building is connected with fire department in Warren.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. No.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No.

MORRIS S. GUTH, M. D.,

Superintendent State Hospital for the Insane, Warren, Pa.

October 29, 1901.

Answers to Questions 15, 16 and 17.

Amount of Hose.

One hundred and fifty feet of one and a half inch hose in each ward on first, second and third floors in the dust closets at the center of the wards connected to a one and one-half inch stand pipe filled at all times and ready for use, making a total of 2,700 feet of one and one-half inch hose.

One hundred and fifty feet of one inch hose in each ward on the fourth floor—four wards in all located at the lavatories and connected to a one inch stand pipe, making 600 feet on fourth floor of one inch hose.

One hundred and fifty feet of one inch hose in the amusement room connected to a one inch stand pipe located near the stage.

One hundred and fifty feet one inch hose in the attic over amusement room and chapel connected to a one inch stand pipe.

There are six one and one-half inch steam lines running to the different attics. One line to each wing over the wards, and they are connected with the high pressure boilers, these lines have a double outlet which will at any time flood the entire attic with steam. The valves are under the control of the engineer or fireman.

There is 150 feet of one and one-quarter inch hose located in the wash room of the laundry building, which can be connected to several different plugs around the building as the case may require.

There is 150 feet of one and one-quarter inch hose at the coach barn which is located just inside the main entrance door with a two inch plug across the road in front.

There is 600 feet of two inch hose at the stock barn located in three places with 200 feet in each, one at the front of barn, one at the rear north end and one at the rear south end and have a three inch main water supply with pressure of 60 pounds. There are two heavy strong ladders located at the north and south wings of the barn and available from the outside.

There is a water column one and one-half inches running from the boiler house pump and also one and one-half inch steam lines from the boiler to be used in case of fire in or over the carpenter shop.

At Hygeia Hall there is 300 feet of one and one-half inch hose divided in two sections and located at the front and rear of the building and connected with a one and half inch main with water pressure of 55 pounds and can be increased in case of fire with the main pump.

At the water works 150 feet of one and one-quarter inch hose connected to the main pumping line which will reach any part of the building or the farm house adjoining.

At the Farm Colony, 300 feet of one and one-quarter inch hose is divided in two sections and located in hose houses at front and rear of the buildings and the attachment is to a two inch main line with pressure of over 50 pounds, which can be increased with pumps.

All outlets for the water supply valves and faucets are three-fourth inch in the wards and elsewhere.

At each bay window is a water connection for one inch hose in front and three-fourth inch in the rear of the building with 400 feet of one inch hose on reels with wheels which can be conveyed quickly

wherever needed, and 200 feet of three-fourth inch hose for the outlets in the rear.

Summary of Hose in and Outside of Buildings.

Three-fourth inch,	200 feet.
One inch,	1,300 feet.
One and one-quarter inch,	750 feet.
One and one-half inch,	3,000 feet
Two inch,	600 feet.
<hr/>	
Total,	5,850 feet.
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MORRIS S. GUTH, M. D.,

Superintendent Hospital for the Insane, Warren, Pa.

October 29, 1901.

STATE INSTITUTION FOR FEEBLEMINDED OF WESTERN
PENNSYLVANIA, POLK, PA.

Polk, Pa., October 28, 1901.

Sub Committee of the Legislative Commission to Investigate the
Condition of the Pennsylvania Insane,

No. 1510 Chestnut Street, Philadelphia, Pa.:

Gentlemen: In accord with yours of the 26th instant, I herewith return answers to your interrogatories, and the following in regard to your request for suggestions and recommendations which might improve the condition of our buildings and add to the safety of its inmates.

Our greatest danger from fire is the over-crowded condition of our dormitories, which makes it necessary for large numbers of helpless paralytics to occupy dormitories on the second floor. The stairways being narrow, it is with difficulty that they are carried up and down stairs, which difficulty would, of course, be aggravated in case of fire. Our buildings, while admirable for the care of the higher grades of the feeble-minded (those who in a measure can care for

themselves), are totally lacking in the proper facilities for caring for the helpless and untidy paralytics, the most difficult of all the defective classes to care for, and for whom we have no proper facilities. The safety of our inmates demands that we be provided with custodial buildings specially constructed for the care of this most unfortunate class. I most earnestly solicit the aid of your honorable committee in obtaining an appropriation to provide custodial buildings for our institution at the next session of the State Legislature.

Very respectfully,

J. M. MURDOCH,
Superintendent.

1. What number of insane inmates are in your care? 754 insane and feeble-minded.

2. Males? 430.

3. Females? 324.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 50 attendants. Actual capacity 600.

5. Are there any violent cases which require separate confinement? Yes.

6. Of what are your buildings constructed,—frame, stone or brick? Brick.

7. What is the width of the staircases connecting your different stories? 3 feet.

8. Are there front and back, or only single staircases? Front and back.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor). 16 sleeping rooms, containing 100 inmates, on first floor; 48 sleeping rooms, containing 654 inmates, on second floor.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? 16 feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? No.

12. What is the size of the doors and windows opening from the interior into the fire escapes?

13. How near do these fire escapes approach the ground?

14. Whence do you draw your water supply? From springs about two miles distant; water collected in reservoir of 945,000 gal. capacity, situated on a hill one-half mile from institution and at an elevation of 131 feet above floor level.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All stories

reached by water supply. 160 one-half inch vents on first floor, 160 one-half inch vents on second floor, also 32 bath tubs on second floor.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe)? Yes. 17 two inch connections.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? 1,700 feet of two inch hose in 100 foot sections, on first floor. Hose reaching second floor. Fire buckets are kept full in bath rooms on second floor.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Heated by steam, also gas fires protected by guards. Boilers not accessible to the insane.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? Boilers in power house 200 feet in rear of main buildings. No boilers within main buildings.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? Natural gas fires protected by locked heavy wire guards. Insane have no access to them.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Fixed rules. Lights can only be turned on or off by attendants, who alone carry keys to the key switches turning on or off lights.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Yes. Three all night.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Six miles. Not accessible in an emergency.

28. Have you telephone communication with any located fire apparatus? Have telephone connections to Franklin, six miles away.

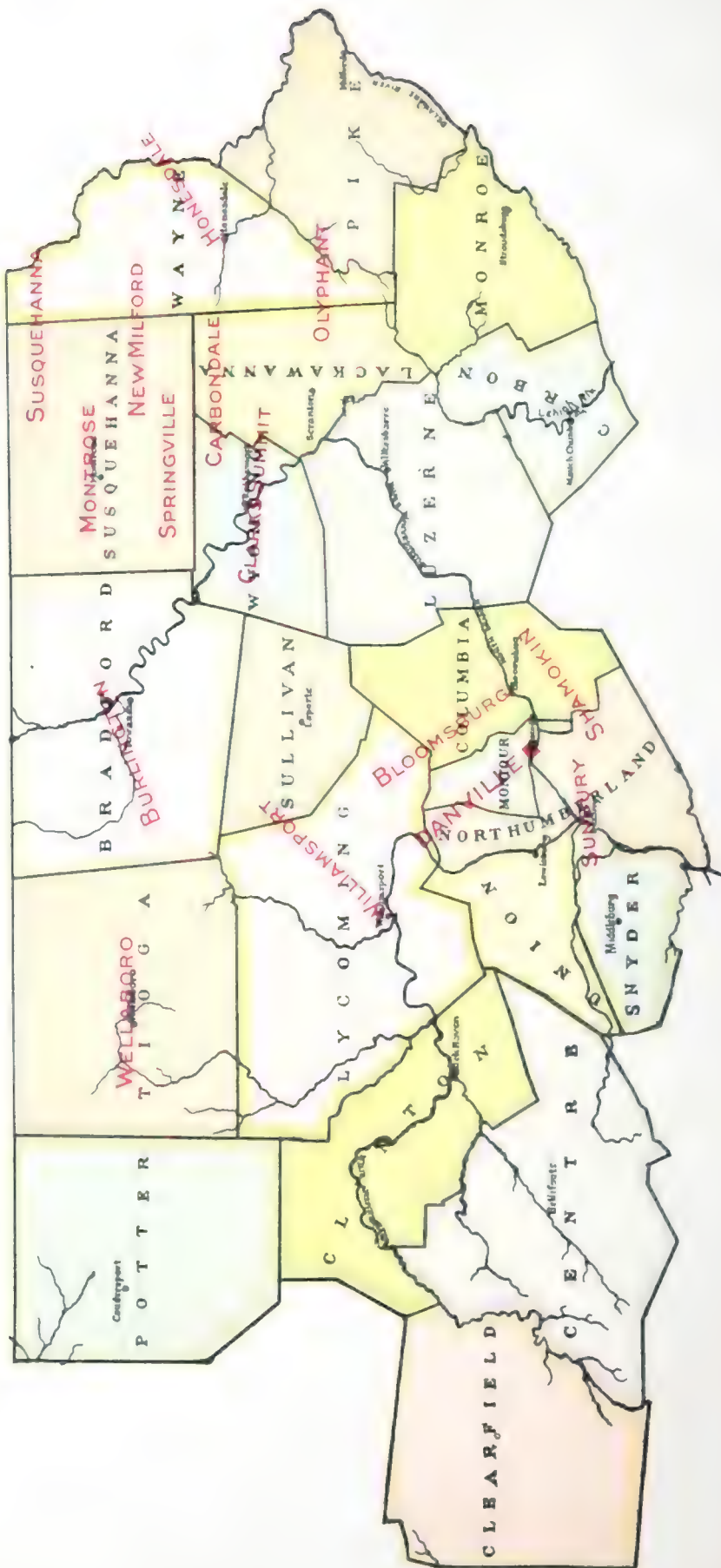
29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have please send copy of them. Yes. See enclosure. This is supplemented by lectures and drill.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No.

NORTHERN HOSPITAL DISTRICT, PENNSYLVANIA.

STATE HOSPITAL AT DANVILLE, MONTGOMERY COUNTY.

Population of District by Census of 1880. Number of square miles, 14,887. Acreage, 9,507,680.



General Rules to Employes in Regard to Protection against Fire.

1. Make yourself conversant with the location and manner of using the fire hose placed in the bath rooms and corridors.

2. No matches but the ones furnished by the Institution shall be brought on the premises. Use every means possible to prevent inmates getting possession of matches.

3. In case of fire, keep cool, do not cry "fire!" Notify Superintendent at once by messenger while you use woolen blankets and water to extinguish the fire.

Keep communicating doors and windows closed.

Remove children to a place of safety.

Oct. 28, 1901.

J. M. MURDOCH, M. D.,
Superintendent.

STATE HOSPITAL FOR THE INSANE, DANVILLE, PA.

1. What number of insane inmates are in your care? November 1st, 998.

2. Males? 519.

3. Females? 479.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 118—percentage 1 to 8.16 patients. Employes, 95—percentage 1 to 4.52 patients. 450 males; 350 females—800, total, including annex.

5. Are there any violent cases which require separate confinement? Occasionally.

6. Of what are your buildings constructed—frame, stone or brick? Stone and brick.

7. What is the width of the staircases connecting your different stories? Centre stairs (double) connecting with wards, four feet six inches, slate; ward stairs three feet nine inches, iron and slate, fireproof.

8. Are there front and back, or only single staircases? Ward stairs single. Two opening front of building. Six in the rear.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor). Four stories: Ground 237, 2d 251, 3d 251, 4th 156.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? Approximately, 48 feet.

11. Have you any outside fire escapes? If so, what stories do they

reach, and how is access obtained to them from each floor? No. Inside stairways at each end of all wards of iron and slate. Several of these stairways passed through the fire of 1881 uninjured and are still in use.

12. What is the size of the doors and windows opening from the interior into the fire escapes? —

13. How near do these fire escapes approach the ground? —

14. Whence do you draw your water supply? Pumped from Susquehanna river to reservoirs (capacity one and one-half million gallons, estimated) in rear of building.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? In the centre of each wing (ward) is a 2 inch stand-pipe with outlet for 1½ inch hose, 150 feet each.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe)? Answered under No. 15.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? In each ward 150 feet 1½ inch hose; 50 gal. chemical engine with 50 feet inch hose on fourth story that will be available anywhere upon this story; entire length of building.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Indirect steam radiators from central boiler house for main building. Annex for males heated by two low pressure cast iron boilers, "O. K. Smith" and "Model" placed in fireproof rooms in basement. In neither case are they accessible to patients.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? No boilers for heating purposes in main building. Two in annex. Boilers for heating main building in separate building, engine house.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Illuminating gas, with Welsbach light.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Yes, under control of ward attendants, gas being lighted and extinguished by fixed rules.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No, except at burner.

24. Have you watchmen at night upon the sleeping floors? If so, how many and between what hours? Watchman and watchwoman make regular rounds of building from nine A. M. until relieved by

SOUTH-EASTERN HOSPITAL DISTRICT,

PENNSYLVANIA.

STATE HOSPITAL AT NORRISTOWN, MONTGOMERY COUNTY.

Population of District by Census of 1880. Number of square miles, 2913. Acreage, 1,503,723.



day nurses, five A. M. No intermission between day and night service. Night nurses on duty in various parts of building. Annex night watchman in each ward.

25. Do you allow smoking in the dormitories? Smoking is not allowed in any part of building occupied by insane.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Danville, one mile away. There is a regulation fire plug connected with 6-inch main, to which the force of the pump can be applied directly in front and rear of each section of main building, 14 in all.

Four reels regulation fire hose ($2\frac{1}{2}$ inches), 200 feet each, situated in basement, accessible from outside, and three reels on carriages, 200 feet each, kept outside of building. A 60 gal. Steinfel chemical engine, 300 feet hose, in basement of executive department (centre).

28. Have you telephone communication with any located fire apparatus? Nothing except the regular telephone service.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. Fire department organized from resident employees.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance and what is their character? None near. Nearest about 350 feet from wards, are the stable, ice house and laundry.

Two dust flues extending from fourth story to basement in oldest part of building are studded off, and lathed and plastered from a general closet; this wooden partition offering a great menace in case of fire. Should be constructed wholly of brick. Three fast elevators built in same way were recently made fireproof.

STATE HOSPITAL FOR THE INSANE, NORRISTOWN, PA.

Male Department.

1. What number of insane inmates are in your care? 1,101.

2. Males? 1,101.

3. Females? None.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? One attendant to every ten patients. Capacity, 850.

5. Are there any violent cases which require separate confinement? Yes, five.

6. Of what are your buildings constructed—frame, stone or brick? Stone and brick.

7. What is the width of the staircases connecting your different stories? 4 feet 10 inches.

8. Are there front and back, or only single staircases? The staircases are at the ends and in the centre of the buildings.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor). 26 rooms, two large and one small dormitories on each floor.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? 18 feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? There are no outside fire escapes.

12. What is the size of the doors and windows opening from the interior into the fire escapes? Doors, 2 ft. 9 in. x 7 ft. 6 in. No windows open into the fire escapes.

13. How near do these fire escapes approach the ground? They lead to the ground.

14. Whence do you draw your water supply? From a reservoir on the hospital grounds.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All of them. One vent on each floor, three inches in diameter.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe)? There are hose attachments on all floors, one on each, three-quarter inch nozzle.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? 300 feet. 2-inch hose, three-quarter inch nozzle. 50-foot sections. Attached ready for use.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Heated by steam. Boilers not accessible to the insane.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? No. They are in a boiler house, which is not connected with the hospital buildings.

20. Are there any anthracite or bituminous stoves or grates in position where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? By fixed rules.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many and between what hours? 19 night watchmen, on duty from 9 P. M. to 6.30 A. M.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in any emergency? Five companies less than a mile distant. All accessible in an emergency.

28. Have you telephone communication with any located fire apparatus? Yes.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. Yes. Copy enclosed.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance and what is their character? None.

The buildings at the State Hospital at Norristown are in good physical condition. Each section has its own hose, which can throw water to the most distant point of the building. Each of the buildings has means of escape in the centre and at both ends—the escapes are within the buildings, the end ones being constructed of iron and slate, the middle one is a wooden stairway.

If the wooden stairways were replaced by iron and slate, it would add to the security and efficiency of the escapes.

Very respectfully submitted,

D. D. RICHARDSON.

Female Department.

1. What number of insane inmates are in your care? 1,146 on November 25, 1901.

2. Males? —

3. Females? 1,146 on November 25, 1901.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 117 attendants, 135 employes.

5. Are there any violent cases which require separate confinement? Three, with others occasionally.

6. Of what are your buildings constructed—frame, stone or brick? Brick, with the exception of Stinson cottage, which is part frame.

7. *What is the width of the staircases connecting your different stories? 4 ft. 10 in.

8. *Are there front and back, or only single staircases? Front and back staircases are fireproof, centre is wood.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor). First and second 28 rooms and 2 dormitories on each floor of sections 1, 2, 3, 4. Two dormitories first floor in section 10. Two dormitories each floor section 12. One dormitory each floor Stinson cottage.

10. *What is the elevation above the ground of your highest sleeping apartments used for insane? About 18 feet.

11. *Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Stinson cottage has none. Lower Farm cottage second and third. Through window 2 ft. x $4\frac{1}{2}$ ft. x 3 ft. 10 in.

12. *What is the size of the doors and windows opening from the interior into the fire escapes? Doors 2 ft. 9 in. x 7 ft. 6 in. No windows.

13. How near do these fire escapes approach the ground? Go to ground. Lead into fireproof corridor which connects the different wards. Exit also on top of different corridors, having slate steps to ground.

14. Whence do you draw your water supply? Our own reservoir and Norristown.

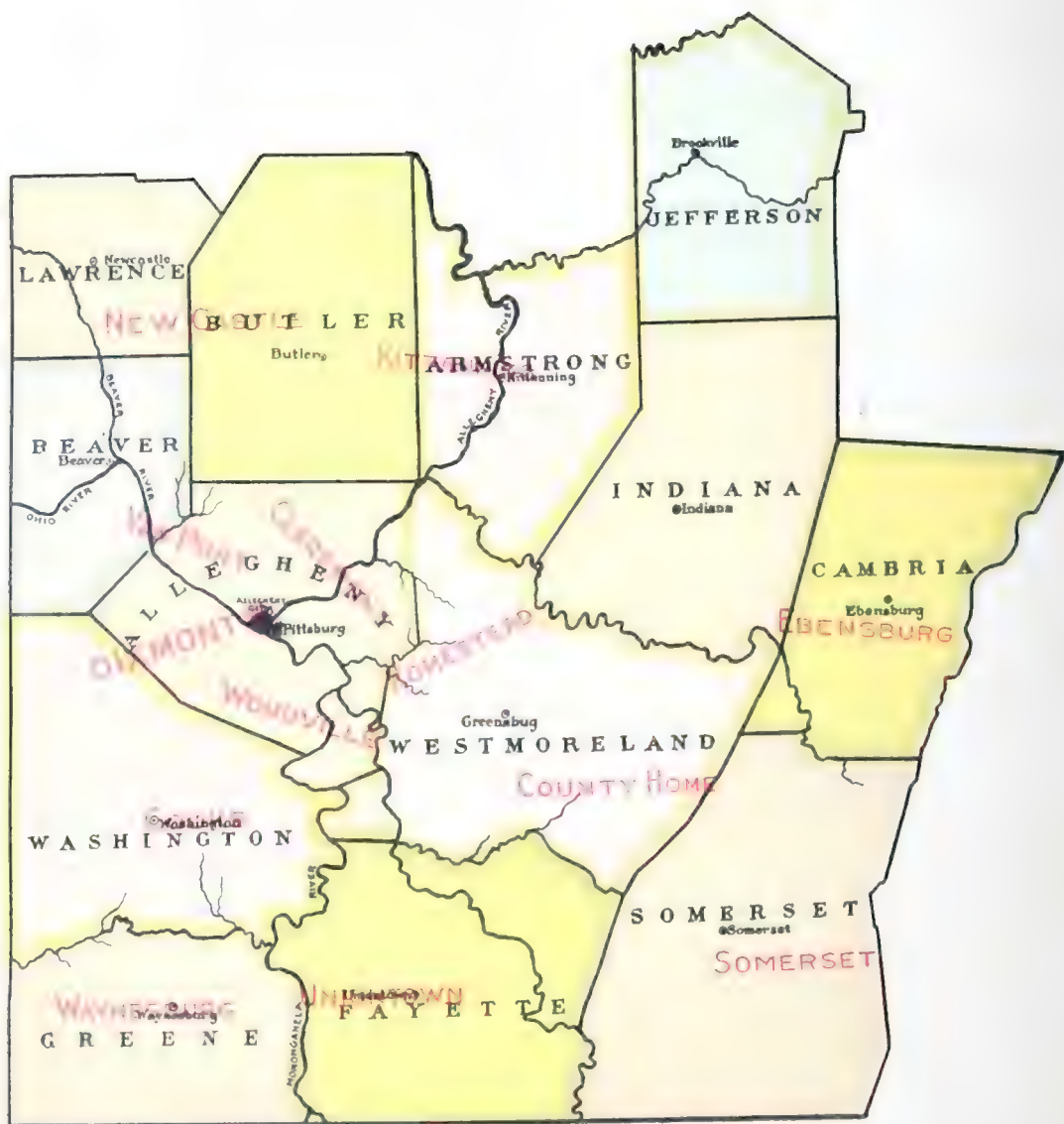
15. *What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All of them. Number varies from 4 to 12. About one inch. Have vents for hose additional—one on each floor and one in the attic.

16. *Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe)? All floors except at Stinson cottage. Hose $1\frac{1}{2}$ inches. Nozzle opening $\frac{3}{4}$ inch.

17. *How many feet of hose have you ready for use upon each floor, and what is its size and length? 300 feet on a reel on each floor. Hose $1\frac{1}{2}$ inches. Also have 12 buckets filled with water always ready on each floor and in attic.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Steam. Not accessible.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? Boilers not connected with patients' quarters; they are in a building in steward's department.



**SOUTH-WESTERN HOSPITAL DISTRICT,
PENNSYLVANIA.**

STATE HOSPITAL AT DIXMONT, ALLEGHENY COUNTY.

Population of District by Census of 1880. Number of square miles, 9,638. Acreage, 6,167,920.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? Only at the Farm Cottage and Stinson Cottage.

21. Are your buildings lighted with electricity, illuminating gas or oil? With electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Yes.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Yes; they vary from one to three to a building; there are 19 in all; between 9.00 P. M. and 6.00 A. M.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? Not unless there are some for the steward's employees.

27. *How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? About one mile; public; they are accessible.

28. Have you telephone communication with any located fire apparatus? Yes; call box and telephone.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. All patients ordered taken into fire-proof corridors.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. No.

MARY M. WOLFE, M. D.,

Resident Physician, Women's Department, Norristown State Hospital.

STATE HOSPITAL FOR THE INSANE, DIXMONT, PA.

1. What number of insane inmates are in your care? 750.

2. Males? 414.

3. Females? 336.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 4—one main building, capacity 100 patients; one annex building, capacity 125 patients; two frame cottages, capacity 30 patients each.

5. Are there any violent cases which require separate confinement? Yes, such as insane criminals and epileptics; also consumptives.

6. Of what are your buildings constructed—frame, stone or brick? The main building and annex are brick; two cottages are frame (one-story) each.

7. What is the width of the staircase connecting your different stories? Six feet.

8. Are there front and back, or only single staircases? Front, back and side stairways.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) The sleeping rooms are on each floor averaging 15 rooms to each ward; the annex is a dormitory building, also the two cottages.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? In fourth story one ward male and one ward female.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Yes; four large and complete fire escapes of iron construction; they extend out to the hill side, easy access from each story.

12. What is the size of the doors and windows opening from the interior into the fire escapes? Ordinary sized door, three and one-half feet say.

13. How near do these fire escapes approach the ground? They reach the ground.

14. Whence do you draw your water supply? From the river for house use, or we have spring water in abundance for drinking and cooking purposes.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All stories can be reached by our hose and stand pipes.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) Yes; Babcock extinguishers and 100 feet of hose in each ward.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? 100 feet in each ward also stand pipes.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? By steam; boilers are located at the river; the patients have no access to them whatever.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? No; boilers are one-fourth mile away at river.

20. Are there any anthracite or bituminous stoves or grates in position where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Lighted by gas (manufactured).

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Yes; by regularly appointed employes to light and turn out gas.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Yes; ten inside watchmen and one outside watchman.

25. Do you allow smoking in the dormitories? No; no place in the building except in office a little in evenings.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Very handy and near.

28. Have you telephone communication with any located fire apparatus? No.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. Yes.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No.

H. A. HUTCHINSON, M. D.

Superintendent.

Dixmont, Pa., October 29, 1901.

STATE ASYLUM FOR THE CHRONIC INSANE, SOUTH MOUNTAIN, WERNERSVILLE P. O., PA.

South Mountain, Wernersville, P. O.,

October 30, 1901.

A. K. Pedrick, Esq., Secretary Legislative Commission, 1510 Chestnut Street, Philadelphia, Pa.:

Dear Sir: Enclosed please find answers to questions of Legislative

Commission, to investigate the condition of Pennsylvania insane.
Hoping the information may be satisfactory,

I am yours truly,

S. S. HILL,
Superintendent.

1. What number of inmates are in your care? 800.
2. Males? 600.
3. Females? 200.
4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 50 attendants; the actual capacity of the buildings is 800.
5. Are there any violent cases which require separate confinement? An occasional case.
6. Of what are your buildings constructed—frame, stone or brick? Brick and stone.
7. What is the width of your staircases connecting your different stories? Three feet nine inches.
8. Are there front and back, or only single staircases? Two front staircases.
9. Upon what floors or story are there sleeping rooms? (State the number on each floor.) Buildings used for the patients are two stories in height. There are 8 sleeping rooms for attendants and two dormitories for patients on each floor. The 8 rooms for the attendants accommodate 8 people and the two dormitories together accommodate 100 patients.
10. What is the elevation above the ground of your highest sleeping apartment used for the insane? 19 feet.
11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? No outside fire escapes on buildings used for the insane. Our stairways are wide and constructed of slate and metal so that they may be used as fire escapes.
12. What is the size of the doors or windows opening from the interior into the fire escapes? —.
13. How near do these fire escapes approach the ground? —.
14. Whence do you draw your water supply? From a stream flowing through the property of the Institution.
15. What stories of your building are reached by water supply? What are the number and size of the vents upon each floor? Both stories of building are reached by water supply with natural pressure. The buildings are 125 feet lower than the point from which we take the water, and there is a pressure of about 60 pounds to the square inch. There are twenty-four three-eighth inch spigots and

four one-half inch spigots on each floor in addition to the supply to the water closets flush and bath tubs.

16. Have you any hose attachments upon any floors? (If so, how many, and what is the size of the discharge pipe?) The hose attachments are outside of the buildings on a level with the first floor. They have a discharge pipe two and one-half inches in diameter.

17. How many feet of hose have you ready for use upon each floor, and what is the size and length? A hose carriage with 250 feet of two and one-half inch hose is kept in each building occupied by the insane. In addition a hand fire extinguisher and twelve buckets of water are kept in buildings on each floor.

18. How are your buildings heated. If heated by steam, are the boilers accessible to the insane? The buildings are heated by steam. The boilers are not accessible to the patients.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? The boilers are situated in a building built for the purpose apart from the other buildings. There is a generator for heating water for bathing purposes situated under each building, but these are not accessible to the patients.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? One or two small anthracite stoves are used in out buildings 2,000 feet from the main buildings.

21. Are your buildings lighted by electricity, illuminating gas or oil? Lighted by electricity.

22. Is the lighting controlled by fixed rules or how is it governed and regulated? Controlled by fixed rules.

23. Do the insane have access to the control and supply of light, whether by gas or oil? The insane do not have access to the control and supply of light.

24. Have you watchmen at night upon the sleeping floors? If so, how many and between what hours? Three night watchmen and one woman are on duty on sleeping floors from 8.30 P. M. to 5 A. M., one man is on duty outside of the building during the same hours.

25. Do you allow smoking in the dormitories? Smoking is not allowed in the dormitories.

26. Are there any dormitories directly over the kitchen? There are some sleeping rooms used by male employes which are situated directly over the kitchen.

27. How near the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? The nearest fire engines are in Reading which is 10 miles distant.

28. Have you telephone communication with any located fire apparatus? We have telephone connections with Reading and all the fire companies.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods in case of alarm? If you have, please send copy of them. We have an organized fire brigade made up of attendants and employes. A copy of rules governing the same is appended.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? Some frame tenement buildings have been erected on the land adjoining our ground at a distance of about 1,500 feet from our own buildings.

INSTRUCTIONS FOR FIRE DEPARTMENT.

Superintendent or Steward.

Chief Marshal.—The marshal shall have control of, and direct, the company when in action either during a fire or when at practice. He shall see that all hose is thoroughly tested and all plugs in good working order.

Chief Engineer.

Assistant Marshal.—The assistant marshal shall have control of all pumps and machinery and shall give particular attention to the fire pump, hose and water valve. He shall see that all hose is in good working order and report any deficiency or breakage.

Hosemen.—The hosemen shall see that all hose is properly laid and connected, and shall then take charge of the nozzles (two men to each nozzle), and remain at their post until relieved.

Plugmen.—The chief plugman and assistants shall take charge of the plugs assigned to them and shall see that the hose is properly attached. They shall remain at their post of duty until relieved.

Pumpmen.—Day engineer in day time, night engineer at night. The pumpmen shall see that the pump is clean, well oiled, and in good working order at all times. They shall see that a sufficient pressure of water is maintained and increased or decreased as directed.

Firemen are the men regularly on duty in the boiler house. The firemen shall see that sufficient steam (90 pounds) is maintained at all times and shall not leave their post of duty for any reason.

During Actual Service.

The location of any man may be changed by direction of the marshal, if circumstances demand.

Patients.—The patients will be under the direction of the assistant physicians. The supervisor not assigned to duty, and the attendants in each dormitory not assigned to duty, shall remain on the ward and endeavor to quiet the excitable ones and prevent escapes. No patients shall be removed from any ward not actually on fire, except by the direction of the physicians.

Fire Alarm.

Whistle, 1-4 1-4 1-4

COUNTY INSTITUTIONS TO WHICH INSANE PATIENTS HAVE BEEN SENT FROM THE STATE INSTITUTIONS, VIZ:

Adams County Almshouse for the Insane, Gettysburg.
Allegheny City Home and Hospital for the Insane, Claremont.
Allegheny County Home, Woodville.
Blair County Home for the Insane, Hollidaysburg.
Cumberland County Hospital for the Insane, Carlisle.
Chester County Hospital for the Insane, Embreeville.
Elk County Hospital for the Insane, St. Mary's.
Erie County Almshouse, Erie.
Franklin County Almshouse, Chambersburg.
Hillside Home Hospital for the Insane, Clarks Summit.
Jefferson County Home, Brookville.
Lancaster County Hospital for the Insane, Lancaster.
Luzerne County (Central Poor District Hospital for
the Insane), Retreat.
Mercer County Hospital for the Insane, Mercer.
Potter County Asylum, Coudersport.
Philadelphia Hospital for the Insane, Philadelphia.
Pittsburgh City Home for the Insane, Marshalsea.
Somerset County Hospital for the Insane, Somerset.
Washington County Home for the Insane, Arden.

ADAMS COUNTY ALMSHOUSE—GETTYSBURG.

1. What number of insane inmates are in your care? 38.
2. Males? 20.
3. Females? 18.
4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Two. Capacity, 45.

5. Are there any violent cases which require separate confinement? No.

6. Of what are your buildings constructed—frame, stone or brick? Brick, tin roof.

7. What is the width of the staircases connecting your different stories? Three feet.

8. Are there front and back, or only single staircases? Front and back.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor). First floor 22. Second 23.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? 18 feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Yes, one second story; by three foot doors from hallways.

12. What is the size of the doors and windows opening from the interior into the fire escapes? Three feet.

13. How near do these fire escapes approach the ground? Start from the ground.

14. Whence do you draw your water supply? From tank on top second floor.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? Both are reached by water supply. Air vents 8 by 10.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe)? No hose.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? Two water plugs close to building, with 200 feet of 2-inch hose, with pressure to throw the water on any part of building.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? By hot air furnaces in the cellar.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? —

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? —

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? No.



Allegheny City Home Building for Insane.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Three-fourths of a mile. Public. Yes.

28. Have you telephone communication with any located fire apparatus? Yes.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. Have none.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance and what is their character? None.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission? All kept in the same building. Two-story brick building with tin roof, 78 by 33 feet, with annex 30 by 50 feet.

CHAS. STRAUSBAUGH,

Steward of Adams County Almshouse, Gettysburg, Pa.

ALLEGHENY CITY HOME AND HOSPITAL FOR THE INSANE.

Department of Charities,
City of Allegheny, Pa., November 16, 1901.

A. K. Pedrick, Esq., Secretary, 1510 Chestnut St., Philadelphia, Pa.:

Dear Sir: Enclosed please find statement (as per request) of Allegheny City Home and Insane Asylum.

Very respectfully,

BARTON GRUBBS,
Director Department of Charities.

1. What number of inmates are in your care? November 1, 1901, 200 insane.

2. Males? 108.

3. Females? 92.

4. How many attendants have you for the insane inmates, and

what is the actual capacity of your buildings? Six male and six female attendants. Capacity 214.

5. Are there any violent cases which require separate confinement? Only at times.

6. Of what are your buildings constructed—frame, stone or brick? Brick.

7. What is the width of the staircases connecting your different stories? 4 ft. 2 in. wide.

8. Are there front and back, or only single staircases? Front and back.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor). 45 on first, 65 on second and 104 on third floors; 75 of this number to be removed to two-story building when completed.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? 32 feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Yes, reach all stories; access by doors.

12. What is the size of the doors and windows opening from the interior into the fire escapes? Doors three feet wide.

13. How near do these fire escapes approach the ground? Reach the ground.

14. Whence do you draw your water supply? Allegheny City, 60 inch water main, passing through the place, and connection with Allegheny County Workhouse water main.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All stories. First floor 6-2-inch and 1-1-inch vent; second floor 5-2-inch and 1-1-inch vent; third floor 2-2-inch and 1-1-inch vent; attic 2-2-inch vent.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe? Have stand pipe on all floors, 13-2-inch and 3-1-inch connections.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? Have 400 feet 2-inch and 50 feet 1-inch on first floor; have 350 feet 2-inch on second floor; have 150 feet 2-inch and 50 feet 1-inch on third floor; have 250 feet 2-inch in the attic.

Also 10 Babcocks, 50 Killfyre, and water buckets filled with water distributed through the buildings.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Original buildings heated by steam, new buildings by hot air and modern ventilating system.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main

buildings? If not, where are they? Boiler house is 100 feet in rear of main building.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? None.

21. Are your buildings lighted with electricity, illuminating gas or oil? Gas.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Attended by officers of each department.

23. Do the insane have access to the control and supply of light, whether by gas or oil? None.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Have two attendants sleep in each ward; night nurses in hospital, and a night watchman.

25. Do you allow smoking in the dormitories? Allowed to smoke in day rooms only.

26. Are there any dormitories directly over the kitchen? None.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Can call on the Allegheny County Workhouse, which adjoins us. All local towns between here and Allegheny City, and City Fire Department.

28. Have you telephone communication with any located fire apparatus? Can communicate with all by telephone.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy? Alarm by blowing steam whistle and ringing large bell, for the command of all fire apparatus around the building, by officers and assistants.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance and what is the character? None.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission? Have now seventy-two male patients in separate building which is two stories high, fire proof, costing over \$43,000, which was erected three years ago, and have now under progress of construction an addition, the two story male insane building, fireproof, and when completed will have a capacity for 140 male patients; also one separate female building two stories high, fireproof, with a capacity of eighty female patients, the whole costing over \$110,000, and expect to be able to remove nearly all the insane patients from the main building.

BARTON GRUBBS,

Director Department of Public Charities.

ALLEGHENY COUNTY HOME, WOODVILLE, PA.

1. What number of insane inmates are in your care? 335.
2. Males? 192.
3. Females? 143.
4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 14 males; 11 females. 350 patients.
5. Are there any violent cases which require separate confinement? No, except at intervals.
6. Of what are your buildings constructed—frame, stone or brick? Stone, brick and iron.
7. What is the width of the staircases connecting your different stories? 10 feet, 8 feet and 4 feet.
8. Are there front and back, or only single staircases? Front and back.
9. Upon what floor or story are there sleeping rooms? (State the number on each floor). First and second. 7 on first, 56 patients. 7 on second, 288 patients.
10. What is the elevation above the ground of your highest sleeping apartments used for insane? 20 feet.
11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? No outside escape.
12. What is the size of the doors and windows opening from the interior into the fire escapes?
13. How near do these fire escapes approach the ground?
14. Whence do you draw your water supply? Wells, city and Chartiers creek. Plugs in each court, about 90 lbs. pressure.
15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All floors.
16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe)? None.
17. How many feet of hose have you ready for use upon each floor, and what is its size and length?
18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Steam. Boilers in separate building, about 200 feet from main building.
19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? None.
20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? By attendants or officers with private key.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Yes, 6 all night.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Two miles.

28. Have you telephone communication with any located fire apparatus? No.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them? No.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance and what is their character? No.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission? No. Our building is as near fireproof as modern architecture can make it; floors concrete, stairs iron, and nothing of an inflammable character in the building.

S. W. LEA,
Superintendent Allegheny County Hospital for Insane.

BLAIR COUNTY HOME FOR THE INSANE, HOLLIDAYSBURG.

Hollidaysburg, Pa., November 14, 1901.

Sub-Committee of the Legislative Commission of Pennsylvania Insane:

Gentlemen: I enclose herewith answers to interrogatories requested in a letter from your Secretary, Mr. A. K. Pedrick, dated November 11. I will send you photographs in a few weeks. Have arranged to have some taken so that we can show you the plan of our buildings.

Any information that I can furnish you at any time will be given cheerfully. We would be glad to have the Commission visit our Hospital and learn of the work done here since March, 1898. If this is impossible I will go before your Commission at any time and answer any interrogatories in reference to County Care of Indigent Insane.

Very respectfully yours,

P. H. BRIDENBAUGH.

1. What number of insane inmates are in your care? 97.

2. Males? 47.

3. Females? 50.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Three female and two male attendants; capacity, 120 insane.

5. Are there any violent cases which require separate confinement? Sometimes we have from four to five violent; but at the present time we have no violent cases.

6. Of what are your buildings constructed—frame, stone or brick? Brick.

7. What is the width of the staircases connecting your different stories? Iron stairs four feet wide; these are good solid iron stairs—no wood whatever about them.

8. Are there front and back, or only single staircases? Center, rear and outside.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) Sleeping rooms on both floors; but second floor used exclusively for the insane; our sleeping rooms are large dormitories.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? 11 feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Yes; they reach second floor.

12. What is the size of the doors and windows opening from the interior into the fire escapes? Doors opening on to fire escapes, three and one-half feet wide.

13. How near do these fire escapes approach the ground? They reach to the ground.

14. Whence do you draw your water supply? From mountain stream; comes to us three and one-half miles by gravity.

15. What stories of your building are reached by water supply?

What are the number and size of vents upon each floor? All the stories have water on them, but our hose attachments are on the outside.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) None.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? Have 300 feet of hose for all fire purposes.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? With steam; boilers not accessible to the insane.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main building? If not, where are they? Large heating boiler is under male ward. Boiler for laundry work and other purposes is in a separate building near the barn.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? There are not. We have no stoves in the building except in kitchens.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Light is obtained from plant at Hollidaysburg, one and one-half miles from building.

23. Do the insane have access to the control and supply of light, whether by gas or oil? Insane have no access to the control or supply of light.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Have attendants on sleeping floors with the insane.

25. Do you allow smoking in the dormitories? We do not.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? One and one-fourth mile and accessible in an emergency.

28. Have you telephone communication with any located fire apparatus? We have.

29. Have you established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. Do not have printed rules. but have the employes trained to handle hose, etc.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? There are none.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. Our insane are kept in separate wards from other inmates; have separate dining rooms. Will have photographic view of front and rear of buildings taken and will send them to you.

P. H. BRIDENBAUGH,
Superintendent.

CUMBERLAND COUNTY HOSPITAL FOR THE INSANE, CARLISLE, PA.

1. What number of insane inmates are in your care? 74.
2. Males? 33.
3. Females? 41.
4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Eight attendants. Capacity, 85.
5. Are there any violent cases which require separate confinement? No.
6. Of what are your buildings constructed—frame, stone or brick? Brick.
7. What is the width of the staircases connecting your different stories? Three feet nine inches.
8. Are there front and back, or only single staircases? Front and back staircases.
9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) On the four stories: First floor, four; second floor, six; third, thirteen; fourth, eleven.
10. What is the elevation above the ground of your highest sleeping apartments used for insane? 32 feet.
11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Two outside fire escapes reach from upper floor to near ground, access obtained through window three feet wide and five feet eight inches high to enter either escape.
12. What is the size of the doors and windows opening from the interior into the fire escapes? Three feet by five feet eight inches.
13. How near do these fire escapes approach the ground? Eight feet. Iron ladder from these to ground.

14. Whence do you draw your water supply? From nearby spring into 50,000 gallon tank. Elevated 52 feet.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? Water supply reaches all stories. One vent one and one-fourth inch on each floor.

16. Have you any hose attachment upon any floor? (If so, how many, and what is the size of the discharge pipe?) One on each floor one inch each.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? Eighty feet on each floor; one and one-half inch hose.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Steam. No.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? Yes; boiler for heating water and cooking in same building.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Fixed rules.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Yes; two, all night.

25. Do you allow smoking in the dormitories? Yes.

26. Are there any dormitories directly over the kitchen? Yes.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? One mile; yes.

28. Have you telephone communication with any located fire apparatus? No; but have a telephone and can reach Carlisle, which is one mile away.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. No.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? None near.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building

in which they are kept, and if possible, supply a photographic view of the same for use in the report of the Commission. All in same building.

The "State aid" patients and "private paid" patients are all kept in the same building, which is a three-story and basement substantial brick building, modern, with iron stairs and practically fire-proof. We have no photograph—if you must have one please advise and we will have one taken.

FRANCIS MENTZER,
Steward, Cumberland County, Pa.

CHESTER COUNTY HOSPITAL FOR THE INSANE, EMBREEVILLE, PA.

Embreeville, Pa., November 18, 1901.

Alexander K. Pedrick, Secretary, 1510 Chestnut Street, Philadelphia, Penna.:

Dear Sir: Enclosed please find blanks filled as requested in your communication of the 11th. Views of the hospital have been taken, but for some unknown reason the photographer has not sent them, which will explain to you the late arrival of the enclosed blanks. Will forward views when received.

Very truly,

JANE R. BAKER,
Superintendent.

1. What number of insane inmates are in your care? 170.
2. Males? 96.
3. Females? 74.
4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Two nurses, and fourteen attendants. One hundred and ninety.
5. Are there any violent cases which require separate confinement? One case; woman.
6. Of what are your buildings constructed—frame, stone or brick? Stone foundation and brick.

7. What is the width of the staircases connecting your different stories? Five feet ten and one-half inches wide in center building; four feet six inches front stairway in ward; four feet back stairway in ward. Iron and slate used in construction.

8. Are there front and back, or only single staircases? Front and back staircases.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) First floor two dormitories, twelve rooms; second floor, two dormitories thirteen rooms.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? Eighteen feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Two are on men's ward, one on women's; open into corridor from each floor by an outside door.

12. What is the size of the doors and windows opening from the interior into the fire escapes? One door two feet nine inches wide and seven feet long on each floor.

13. How near do these fire escapes approach the ground? Last step six inches from the ground.

14. Whence do you draw your water supply? Gravity supply from hills above hospital building, with a reservoir with a containing capacity of — gallons.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? Second—hose attachment two inch nine faucets, one-half inch nine faucets on lower ward on each wing one-half inch fire in center; two in basements one-half inch.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) Second floor of each wing one two inch and one in the center building in second floor two inch pipe and two on first floor.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? None—matter before the board of directors; bids have been received.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Steam power house sixty yards from building, and insane not employed in power house.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? Only boiler in building hot water boiler, which is in a part of basement, to which patients do not have access.

20. Are there any anthracite or bituminous stoves or grates in

positions where the insane would have access to them? Laundry, two stoves; kitchen range, with two fires, cared for by employes.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Electric light from 5 A. M. until light. In P. M. from dark to 9 P. M. Night nurses use lanterns. Directors anticipate the use of storage battery for night use.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Night nurse or nurse wards from six to six. On women's wards from six to six. (These alone from 9 P. M. to 5.30 A. M.).

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Seven miles. Yes.

28. Have you telephone communication with any located fire apparatus? Yes, with two, each seven miles distant.

29. Have you any established rules in case of alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them? Patients are taken over the fire escapes every day, when taken to walk in A. M.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No building within 60 yards.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. Insane in hospital 100 yards from almshouse. Hospital consists of centre, two day rooms and wings. A modified Kirkbride architectural plan and is of fireproof construction. Congregate dining room. Indirect radiation in part of building occupied by patients and all exposed piping covered with asbestos. Chapel with seating capacity for 180.

JANE R. BAKER,

Superintendent.

ELK COUNTY HOSPITAL FOR THE INSANE, ST. MARY'S, PA.

1. What number of insane inmates are in your care? 23.

2. Males? 13.

3. Females? 10.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Two and 50.

5. Are there any violent cases which require separate confinement? 1.

6. Of what are your buildings constructed—frame, stone or brick? Brick.

7. What is the width of the staircases connecting your different stories? 3 ft. 8 in.

8. Are there front and back, or only single staircases? Single.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor). All on first floor.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? Four feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? None.

12. What is the size of the doors and windows opening from the interior into the fire escapes? None.

13. How near do these fire escapes approach the ground? ———.

14. Whence do you draw your water supply? From a reservoir constructed by county for our institution only.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? Can reach any part of building.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe)? A fire hose and complete fire apparatus through entire building, 1½-inch discharge line and 40 pounds pressure.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? Six hose reels, 50 feet each reel. Jacket hose, 2½-inch inside.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? By steam, boilers are isolated.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? Boilers are in a separate building underneath laundry.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? None.

21. Are your buildings lighted with electricity, illuminating gas or oil? Gas.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? By fixed rules, inmates are not allowed to trifle with gas.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Man in charge at all times.

25. Do you allow smoking in the dormitories? No, sir.

26. Are there any dormitories directly over the kitchen? No, sir.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Two miles, public service.

28. Have you telephone communication with any located fire apparatus? Yes.

29. Have you any established rules in case of alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. No printed rules.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? None whatever.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission? All our insane are kept in an annex constructed especially for that purpose; they are connected by long halls or corridors. The entrance to annex is fifty feet from main or pauper building.

J. W. DE HAAS,
Elk County Home.

ERIE COUNTY ALMSHOUSE, ERIE, PA.

Average number inmates sane and insane, 200.

1. What number of insane are in your care? 58.

2. Males? 24.

3. Females? 34.

4. How many attendants have you for the insane inmates: one male, one female; and what is the actual capacity of your buildings? Male, 14; female, 24.

5. Are there any violent cases which require separate confinement? No.

6. Of what are your buildings constructed—frame, stone or brick? Male, frame; female, brick.

7. What is the width of the staircases connecting your different stories? Female, front double three feet each; back single three feet each. Male on ground floor.

8. Are there front and back, or only single staircases? Female, double front, single back. Male ground floor.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) Female second story. Male ground floor.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? Second story, eighteen feet.

11. Have you any outside fire escapes? Yes. If so, what stories do they reach, all; and how is access obtained to them from each floor? By windows.

12. What is the size of the doors and windows opening from the interior into the fire escapes? Two and one-half and three feet.

13. How near do these fire escapes approach the ground? All reach the ground.

14. Whence do you draw your water supply? Natural springs. Water forced to tanks in upper stories; 500 barrels held in tanks.

15. What stories of your building are reached by water supply? All. What are the number and size of the vents upon each floor? Two and one-half inch.

16. Have you any hose attachments upon any floor? On all. (If so, how many, and what is the size of the discharge pipe?) Two and one-half inches.

17. How many feet of hose have you ready for use upon each floor, and what is its size? 50 feet, and $2\frac{1}{2}$ inches in diameter.

18. How are your buildings heated? By steam and natural gas. If heated by steam, are the boilers accessible to the insane? No.

19. If heated by steam, are the boilers within the main buildings? Yes; in basement. Are there any boilers for manufacturing within the main building? No. If not, where are they? —.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? None.

21. Are your buildings lighted with electricity, illuminating gas, or oil? Natural gas.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Yes; some lights fixed hours, others all night.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? Yes. If so, how many and between what hours? 8 P. M. until daylight.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? None for insane.

27. How near to the buildings are the nearest fire engines? Erie City, four miles. Whether public or private, and are they accessible in an emergency? Possibly.

28. Have you telephone communication with any located fire apparatus? Yes, with city.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. No printed rules. All employes orally instructed.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? Small out buildings, such as ice house, hen house, etc., within 100 feet.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. Males for whom we receive no aid, in separate frame; females in ward, on second story of main building.

C. W. ZUCK,
Steward,
per C. B. GRANT,
Clerk.

November 15, 1901.

FRANKLIN COUNTY ALMSHOUSE, CHAMBERSBURG, PA.

1. What number of insane inmates are in your care? Thirty-three (33).

2. Males? Nineteen (19).

3. Females? Fourteen (14).

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Two, one for the males and one for the females. Buildings will accommodate forty (40).

5. Are there any violent cases which require separate confinement? Two.

6. Of what are your buildings constructed—frame, stone or brick? Brick.

7. What is the width of the staircases connecting your different stories? One three and one-half feet and one four feet.

8. Are there front and back, or only single staircases? Front and back.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor). On both floors—14 rooms on lower and 19 on upper floor.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? Fourteen feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Two outside fire escapes for the second floor. Both accessible through windows.

12. What is the size of the doors and windows opening from the interior into the fire escapes? One four feet and the other two feet.

13. How near do these fire escapes approach the ground? Within a foot.

14. Whence do you draw your water supply? There is a large tank on the top of the building. This is supplied by a pump at the spring. A constant flow.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? Both floors are supplied with water. There are four vents on each floor.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) We have no hose, but each floor is supplied with fire extinguishers.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? —.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? By steam. The boilers are not accessible to the insane, but are in a separate building about 80 feet from the insane department.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? No. The boilers are in a separate building. There are no boilers for heating or manufacturing in the insane buildings.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Lighted with electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Controlled by fixed rules.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? One watchman on duty from 6 P. M. to 6 A. M.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? One and one-half miles—are accessible in an emergency.

28. Have you telephone communication with any located fire apparatus? Yes.

29. Have you any established rules in case of alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. No.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. They are kept in a separate building. The building is a two story brick building. The height of the stories is eleven feet. The building is 110 feet long and 42 feet wide.

JACOB POTTER,

Steward, Franklin County Almshouse.

P. O. Chambersburg, Franklin County, Pa.

HILLSIDE HOME HOSPITAL FOR THE INSANE, SCRANTON,
PENNA.

Clarks Summit, Pa., November 16, 1901.

A. K. Pedrick, Secretary, 1510 Chestnut Street, Philadelphia:

Dear Sir: Enclosed please find report of questions answered according to your request. We also mail under separate cover, a few photographs. Please acknowledge receipt thereof.

We have had exterior views of the buildings taken, and as soon as finished will mail you a few.

Yours truly,

GEO. W. BEEMER,
Superintendent.

1. What number of insane inmates are in your care? 262.

2. Males? 126.

3. Females? 136.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 18, including night attendants, actual capacity 275.

5. Are there any violent cases which require separate confinement? Yes, temporarily.

6. Of what are your buildings constructed—frame, stone or brick? Brick.

7. What is the width of the staircases connecting your different stories? Three and one-half feet.

8. Are there front and back, or only single staircases? Center and rear staircases.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) First floor, 18; second floor, 20; third floor, 20. No. 7 or epileptic ward, 6.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? 25 feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Yes; reach all stories, access by door and are used daily.

12. What is the size of the doors and windows opening from the interior into the fire escapes? Two feet ten inches.

13. How near do these fire escapes approach the ground? Connected from each story to the ground.

14. Whence do you draw your water supply? Deep drilled-well. Water is discharged from well to reservoir by means of compressed air.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All stories. Each room is ventilated by an eight by ten inch vent.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) One for each floor, pipe two and one-half inch.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? 100 feet on each floor; two and one-half inch.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? By steam. Boilers are not accessible to patients.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? No. 500 feet away.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Fixed rules and controlled from steam plant or power house.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Five night nurses all night.

25. Do you allow smoking in the dormitories? Patients are allowed a smoke after each meal.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private and are they accessible in an emergency? Fire engine is located in power house, and is automatic, with a separate water line for that purpose.

28. Have you telephone communication with any located fire apparatus? Yes.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. We have a separate hose carriage for outside protection, with a recognized fire alarm, and daily use of fire escapes.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. Yes. The administration building and dining hall for patients are located in the center, the wards for insane being on the north and south. Under separate cover we mail you photographs of one male ward and one female ward as taken from the main building, also one of the main office and of the dispensary.

GEORGE W. BEEMER,
Superintendent.

JEFFERSON COUNTY HOME.

1. What number of insane inmates are in your care? 9.

2. Males, 3.

3. Females? 6.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 2.

5. Are there any violent cases which require separate confinement? No.

6. Of what are your buildings constructed—frame, stone or brick? Brick.

7. What is the width of the staircases connecting your different stories? 5 feet.

8. Are there front and back, or only single staircases? 4 stairs leading to second story.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) Insane sleeping rooms are all on first floor.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? —.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? No.

12. What is the size of the doors and windows opening from the interior into the fire escapes? —.

13. How near do these fire escapes approach the ground? —.

14. Whence do you draw your water supply? From reservoir on hill.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? Second story.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) Yes. Size of discharge pipe one and one-fourth inches.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? 200 feet on each floor; one and one-fourth inches.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Heated by steam. Boilers not accessible to insane.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? Boilers are in separate building 20 feet from main building.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Gas.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Yes.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? No.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? There are no fire engines nearer than DuBois, 24 miles.

28. Have you telephone communication with any located fire apparatus? Yes.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. No.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. The insane are kept in insane wards attached to main building one-story high. Males in one ward and females in another one.

County Commissioners of Jefferson County.

Brookville, December, 1901.

CENTRAL POOR DISTRICT OF LUZERNE COUNTY, HOSPITAL
FOR THE INSANE, RETREAT, PA.

Retreat, Pa., December 1, 1901.

Alex. K. Pedrick:

Dear Sir: Enclosed you will find answers to questions intended for this hospital. The form did not reach us until a few days ago, and hence the delay in returning it to you. Our report for 1900, mailed you to-day, will give information which cannot be included in the answers.

Very truly yours,

CHAS. B. MAYBERRY.

1. What number of insane inmates are in your care? 366.
2. Males? 206.
3. Females? 160.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 34 attendants. Capacity of hospital for insane is 450.

5. Are there any violent cases which require separate confinement? Two female patients are at present secluded for violence.

6. Of what are your buildings constructed—frame, stone or brick? Stone and brick.

7. What is the width of the staircases connecting your different stories? Five feet; fire proof.

8. Are there front and back, or only single staircases? Six staircases run from the floors occupied by patients to the ground.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) Capacity for each wing is: First floor, 75; second floor, 100; third floor, 50; total, 225. Of two wings 450.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? Highest sleeping apartments are on the third floor which is 30 feet and 6 inches from the ground.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? There are two outside fire escapes for each wing—four in all. They reach all stories. Access is obtained by windows which are protected by locked screen doors.

12. What is the size of the doors and windows opening from the interior into the fire escapes? Width of windows at fire escapes, three feet and seven inches.

13. How near do these fire escapes approach the ground? Six and one-half feet.

14. Whence do you draw your water supply? Spring water pumped into a tank sufficiently high to give a pressure of 80 pounds. Supply is almost unlimited. Capacity of tank 100,000 gallons.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All stories in the ward wings. Two stand-pipes for each wing and one for the centre. Size two and one-half inches for fire hose. Hot and cold water pipes in every part of the building.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) Fire hose attachment on each floor and five in the basement. Size of discharge pipe, two and one-half inches.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? 250 feet on each floor, two and one-half inches. 600 feet of three inch hose for outside hydrants and a hose cart.

18. How are your buildings heated? If heated by steam, are the

boilers accessible to the insane? Heated by steam. Administration building by direct radiation. Ward wings by indirect radiation—the blast system. The boilers are not accessible to patients.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? Boilers are in the boiler house 1,000 feet away from the hospital. None in the main building.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity. Direct 110 volt current.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Dynamo started in the engine house. Light turned on in the wards by keys.

23. Do the insane have access to the control and supply of light, whether by gas or oil? —.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Two males and two female night nurses—four for the two wings. Night service is continuous with day service. Change is at 9.30 P. M. continues to 5.30 A. M. One of the male nurses also acts as watchman for the administration building.

25. Do you allow smoking in the dormitories? No smoking is permitted in the wards.

26. Are there any dormitories directly over the kitchen? No. The kitchen is a different building connected with the main building by the covered passage which is fire proof.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? No fire engines are considered necessary as the water pressure is 80 pounds, which is sufficient to throw water over the highest part of the building. Hydrants are placed at frequent intervals about the building.

28. Have you telephone communication with any located fire apparatus? Long distance telephone connects us with Wilkes-Barre and Nanticoke.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. Verbal instructions. Frequent drills in the use of outside hose.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? All buildings are fire proof.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view

of the same for use in the report of the Commission. This institution is a hospital for the insane and has no connection with the Central Poor District Almshouse. It is built and organized on the most advanced plans for the treatment of the insane. Under another cover the last report of the hospital for the insane is sent to your committee. This will give you more information than any short description can.

CHAS. B. MAYBERRY,
Superintendent and Chief Physician.

LANCASTER COUNTY HOSPITAL FOR THE INSANE, LANCASTER, PA.

1. What number of insane inmates are in your care? 167.
2. Males? 94.
3. Females? 73.
4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Six males, five females; capacity, 250.
5. Are there any violent cases which require separate confinement? No.
6. Of what are your buildings constructed—frame, stone or brick? Iron, brick and stone.
7. What is the width of your staircases connecting the different stories? Seven feet.
8. Are there front and back, or only single staircases? Front and back.
9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) —.
10. What is the elevation above the ground of your highest sleeping apartments used for insane? 25 feet.
11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Yes. All stories by windows and doors.
12. What is the size of the doors and windows opening from the interior into the fire escapes? Three and one-half feet.
13. How near do these fire escapes approach the ground? To ground.
14. Whence do you draw your water supply? City.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All. Twelve, one-half and three-fourths.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) Yes. Two on each, two inch.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? 200 feet; one and one-half inches; 100 feet each.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? No.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? No; in almshouse.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity and gas.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Fixed rules; by attendants.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Yes; one every hour.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Public; six blocks, accessible, two minutes.

28. Have you telephone communication with any located fire apparatus? Yes.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. Sound the alarm.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? No.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. Have forwarded you photograph of insane.

WILLIAM GOOD,
Lancaster County Almshouse Hospital.

MERCER COUNTY HOSPITAL FOR THE INSANE, MERCER, PA.

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1. What number of insane inmates are in your care? 59.
 2. Males? 43.
 3. Females? 16.
 4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Four day attendants and two night watchers. About 65.
 5. Are there any violent cases which require separate confinement? No.
 6. Of what are your buildings constructed—frame, stone or brick? Stone and brick.
 7. What is the width of the staircases connecting with your different stories? At the ends $3\frac{1}{2}$ feet; center 4 feet 8 inches.
 8. Are there front and back, or only single staircases? There are stairways at each end of the building and a double stairway in the center.
 9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) —.
 10. What is the elevation above the ground of your highest sleeping apartments used for insane? $18\frac{1}{2}$ feet.
 11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? No.
 12. What is the size of the doors and windows opening from the interior into the fire escapes? —.
 13. How near do these fire escapes approach the ground? —.
 14. Whence do you draw your water supply? Supplied from a spring; then we have a tank holding 235 barrels on the fourth floor.
 15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All $1\frac{1}{2}$ inch; there are two on each floor.
 16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe)? Two; $1\frac{1}{2}$ inch.
 17. How many feet of hose have you ready for use upon each floor, and what is its size and length? We have none at present; our hose are practically worn out or rather rotted out.
 18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Heated by steam; boilers not accessible to the insane.
 19. If heated by steam, are the boilers within the main buildings? No. Are there any boilers for heating or manufacturing within the main buildings? No. If not, where are they? They are in a separate building.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Gas.

22. Is the lighting controlled by fixed rules? Yes.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Two. They go to work at 8 P. M. and quit at 7 A. M.

25. Do you allow smoking in the dormitories? Yes.

26. Are there any dormitories directly over the kitchen? No.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? None.

28. Have you telephone communication with any located fire apparatus? No.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of an alarm? If you have, please send copy of them. No.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? The nearest is a frame dwelling house used now as a place to lodge tramps; distance from nearest point of main building, 120 feet.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible, supply a photographic view of the same for use in the report of the Commission. No; they are kept in wards on the second floor of the main building.

J. S. WALLACE,
Treasurer.

POTTER COUNTY ASYLUM, COUDERSPORT, PA.

Coudersport, November 10, 1901.

A. K. Pedrick, Secretary:

Dear Sir: We have at present no asylum in Potter county, but are building one, and expect it to be completed in May, 1902.

JOHN B. COULSON,
Clerk to County Commissioners.

BUREAU OF CHARITIES, PHILADELPHIA, BLOCKLEY POOR-
HOUSE, PHILADELPHIA, PA.

Philadelphia, November 2, 1901.

Alexander K. Pedrick, Secretary, 1510 Chestnut Street, Philadel-
phia, Pa.:

Dear Sir: Answering your letter of October 26th, enclosed you will please find the questions answered. Having been in authority in this institution but a short time more than a year we do not wish at this time to express any special recommendations in connection with these matters.

Yours very truly,

W. M. GEARY,
Supt. Bureau of Charities.

1. What number of insane inmates are in your care? 1,472.
2. Males? 700.
3. Females? 772.
4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? 130 insane attendants. Actual capacity about 1,000.
5. Are there any violent cases which require separate confinement? 12 in rooms; doors open; no restraint.
6. Of what are your buildings constructed—frame, stone or brick? Stone and brick.
7. What is the width of the staircases connecting with your different stories? Five feet.
8. Are there front and back, or only single staircases? Yes.
9. Upon what floor or story are there sleeping rooms? (State the number on each floor). Three buildings, male, are three-story and one building two-story; three buildings, female, are three-story and one building two-story.
10. What is the elevation above the ground of your highest sleeping apartments used for insane? 31 feet from ground.
11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Fire escapes to all buildings. Direct access from each floor.
12. What is the size of the doors and windows opening from the interior into the fire escapes? 4 ft. x 7 ft.
13. How near do these fire escapes approach the ground? Land on ground.

14. Whence do you draw your water supply? City water mains.
15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? All floors have ample water supply, each ward two one-half inch vents and one 2-inch vent.
16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe)? Yes. One attachment for each ward. 2-inch pipe.
17. How many feet of hose have you ready for use upon each floor, and what is its size and length? Each ward has 100 feet 2½-inch linen hose.
18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? By steam. Boilers not accessible to the insane.
19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main buildings? If not, where are they? No. In a central plant about 250 feet from centre of block of buildings.
20. Are there any anthracite or bituminous stoves or grates in position where the insane would have access to them? None.
21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity and illuminating gas. No oil, save in night men's lanterns.
22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Fixed rules.
23. Do the insane have access to the control and supply of light, whether by gas or oil? No.
24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Every ward has one or two and a general patrol visiting wards hourly. Hours on duty 8 P. M. to 7 A. M.
25. Do you allow smoking in the dormitories? No.
26. Are there any dormitories directly over the kitchen? No.
27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? One chemical engine and one steam fire engine on grounds ready, and public fire station within four minutes.
28. Have you telephone communication with any located fire apparatus? Yes, and direct fire alarm.
29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of an alarm? If you have, please send copy of them. No. Bureau of Fire, city of Philadelphia, has a company of four men stationed in the grounds.



Pittsburg City Home—Marshalsea—Administration Building and Male Home.



Pittsburg City Home—Marshalsea—City Farm Female Insane Building.



City Farm Male Insane Building—Pittsburg City Home—Marshall sea.



Pittsburg City Home—Marshalsea—Children's Building and Conservatory.



Pittsburg City Home—Marshalsea—Female Departments.



Pittsburg City Home—Marshalsea—Male Department.



Pittsburg City Home—Marshallsea—Ward, Male Asylum.



Pittsburg City Home—Marshalsea—Male Dormitory.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? Building of the Commercial Museum, built of wood and iron, 250 feet south.

Respectfully submitted,

W. M. GEARY,

Supt. Bureau of Charities, Philadelphia, Pa.

November 2, 1901.

PITTSBURGH CITY HOME FOR THE INSANE, MARSHALSEA.

Pittsburgh City Farm,
Marshalsea, Pa.

A. K. Pedrick, Secretary, 1510 Chestnut Street, Philadelphia, Pa.:

Dear Sir: Complying with your request of the 11th inst., I herewith submit answers to the questions submitted by you. I have answered them as fully as I have understood them and if further information is desired I will be glad to furnish it at any time.

Very respectfully,

GEO. LINDERMAN,
Superintendent.

Boyce P. O., Pa., November 14, 1901.

1. What number of insane inmates are in your care? 469.

2. Males? 246.

3. Females? 223.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Males 20, females 16, or one attendant to every thirteen and one-fourth patients.

5. Are there any violent cases which require separate confinement? Yes.

6. Of what are your buildings constructed—frame, stone or brick? Brick, slow combustion.

7. What is the width of the staircases connecting your different stories? Fireproof stairway five feet wide, going from first to third floor. Small stairway in rear, going to second floor, 2 feet 6 inches.

8. Are there front and back, or only single staircases? Staircases in front and fire escapes in rear.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor). Sleeping rooms on each floor. In male asylum, first floor, there are 10 rooms of various sizes. On the second floor there are 26 rooms of various sizes, including a large dormitory, with at present 38 beds. On the third floor there are 44 sleeping rooms of various sizes. In the female asylum there are on the first floor 10 sleeping rooms. On the second floor there are 26 sleeping rooms and on the third floor there are 26 sleeping rooms.

10. What is the elevation above the ground of your highest sleeping apartments used for the insane? 25 feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Yes. There are two separate fire escapes on the male building and one on the female building. The escapes are reached by a doorway 3 ft. 2 in. by 8 ft. leading from main corridor of each floor. These escapes reach down to the exercise yard and on all suitable days the patients are marched down the escapes to the yard and in this way they have become thoroughly familiar with the use of the escapes.

12. What is the size of doors and windows opening from the interior into the fire escapes? The door above described is the only opening.

13. How near do these fire escapes approach the ground? They go entirely to the ground.

14. Whence do you draw your water supply? We have our own water works, drawing our supply from the Chartiers creek flowing through the farm. This water is used for flushing, cleaning, laundry and boiler purposes, while the water for drinking and culinary purposes is obtained from seven artesian wells drilled on different parts of the farm. We have two single action and one double action Wilson and Snyder pumps with a capacity of 40,000 gallons per hour. We have three reservoirs with a capacity of 750,000 gallons. Our consumption is 300,000 (gallons) every 24 hours.

15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? Water reaches all parts of all buildings. Vents are three feet, two in male and one in female building.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) Hose attachments on every floor. There are two stand pipes on each floor, 100 feet of hose extending full extent of ward. The pressure is 50 pounds to square inch, also Babcock fire extinguishers on each ward. Hose is two inch.

17. How many feet of hose have you ready for use upon each floor, and what is its size and strength? 100 feet of two inch hose.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? By hot air.

19. If heated by steam, are the boilers within the main building? Are there any boilers for heating or manufacturing within the main buildings? If not where are they? The boilers are in the power house, a separate building 175 feet from asylum buildings. No boilers whatever in or near asylum buildings. Tunnel connections for water, steam, electricity, etc.

20. Are there any anthracite or bituminous stoves or grates in position where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electricity.

22. Is the lighting controlled by fixed rules or how is it governed and regulated? Governed by electrical engineer. Telephone communication from office to entire group of buildings.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Yes; we have six. From 8.30 P. M. to 6.30 A. M.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No. We have a main kitchen separated entirely from the asylum buildings. In this kitchen all the cooking is done and the food when ready is placed on trucks and sent by underground tunnels to the asylum buildings. There is no cooking done anywhere else.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Within 175 feet. Accessible at all hours. Kept in constant repair and always ready.

28. Have you telephone communications with any located fire apparatus? We have our own apparatus.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have please send copy of them. Yes. Five blows of power house whistle calls together our volunteer fire department, organized by the male employes of the institution. Department is under control of the chief engineer. In addition the attendants on each ward are compelled at frequent intervals to take hose from racks and go through a regular fire drill. Thus they are prepared as to what to do in an emergency. On the grounds there are six fire hydrants with a pressure of 85 pounds to square inch. We are thus able to throw a stream of water over the tops of all our buildings.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is

their character? No. None nearer than barns which are 1,000 feet away.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. Yes. The buildings are of brick and stone. They are of slow combustion, double flooring and fire proof stairways. Stairway is five feet with double doors five feet four inches by eight feet from vestibule and one double door from wards to vestibule five feet six inches by eight feet on each floor.

Buildings are L shaped. In the male building the first floor where are housed our milder class of patients, is composed of a main hall into which open the sleeping rooms, bath rooms, closets, wash rooms and day rooms. The remaining wing is composed of a dining room, accommodating all patients and five furnished rooms with bath and toilet attachments for attendants. In the middle of the main hall is a large room occupied by the attendant in charge of the ward and one of his assistants. This room is occupied by these two attendants day and night causing them to be at hand for immediate call at any hour of the night should their services be suddenly required by the night attendants. The remainder of the day attendants occupy at night the rooms before mentioned. The second floor is, on its main hall, identical with the first, consisting of one large hall sixteen feet wide, into which open the sleeping rooms, bath rooms, wash rooms, closets and day rooms. The same arrangements as regards the attendants' room of the first floor is observed on all floors. The remaining wing on this floor is composed of a hall into which opens ten single rooms, of cement floor, arranged for violent and untidy patients. At the end of this short hall is a large dormitory in which thirty-eight patients, who are not troublesome, are permitted to sleep. Third floor, main hall, same. Remaining wing is composed of 34 single rooms, 24 of which are cemented and arranged for the care of violent and untidy patients. A large portion of this hall is also cemented to permit of thorough flushing and cleaning.

The female building does not differ from the male except that in the male building the attendants' quarters and the large dormitory are additions to the original building and were not added to the female building. The female attendants have their rooms on the wards.

Remarks.

The medical staff of the institution at present consists of C. W. Wilkin, physician in chief; J. D. Carr, Jr., assistant physician-in-chief; C. B. Schildecker, assistant resident physician.

The remaining employes of the institution consists of one druggist and hospital steward, one chief clerk, one assistant clerk, one head farmer, two assistant farmers, one gardener, one chief engineer with five assistants for day and night turns, one electrical engineer, one carpenter, two painters, two hospital nurses, one baker, one store-keeper, one supervisor, two matrons, one children's nurse, one supervisor of officers' dining rooms, one waitress in dining room of superintendent, three cooks and the attendants.

The farm upon which the institution is located is in the Chartiers Valley, on line of Chartiers branch of the Pittsburgh, Cincinnati, Chicago and St. Louis Railroad, and fourteen and eight-tenth miles from Pittsburgh. Two hundred and eighty acres of the farm are under cultivation and this work is done solely by our chronic male insane. A large number of our chronic male insane are employed in this manner, the patients being taken out in gangs by competent attendants. The intrinsic value of the labor thus produced by these patients is not so much of a consideration to us as is the happy, healthy effect such employment produces on the minds of this particular class of patients. Were not such patients given employment many of them would become ugly and unruly whereas at present we rarely have the slightest trouble with our chronic insane. Many of the acute and subacute patients, who are not permitted to do farm work find employment in the buildings. We permit no patients to be idle except the few unruly patients we have and the disabled. In the laundry thirty-five or forty chronic insane females are employed and here we find the same happy result obtaining in their mental and physical condition. A large number of insane females are constantly employed in the sewing room where they make all the garments used in the institution. We have the same experience with these patients. In the piggeries, about the barns, in the gardens, and about the greenhouses we have constantly employed numbers of insane patients and we have never had occasion to do otherwise than congratulate ourselves upon the genuine improvement such employment brings to the mentally afflicted. From five to six barrels of flour, used at the institution, are baked into bread daily by insane male patients, under the guidance of a skilled baker. These patients are cleanly and thorough in their work and the severest punishment to them would be to deprive them of the opportunity of going to their work.

Our object has always been to furnish employment for every insane patient who is physically able. By our system here we find this can be done in the great majority of cases and if this practice were more generally carried out in our insane institutions I believe the proper caring for insane people would be greatly simplified.

GEO. LINDERMAN,
Superintendent.

SOMERSET COUNTY HOSPITAL FOR THE INSANE, SOMERSET, PA.

1. What number of insane inmates are in your care? 66.
2. Males? 41.
3. Females? 25.
4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? Four attendants; one cook and one engineer and laundry man.
5. Are there any violent cases which require separate confinement? None permanently.
6. Of what are your buildings constructed—frame, stone or brick? Brick.
7. What is the width of the staircases connecting your different stories? Four and one half feet front and three and one-half feet rear stairways.
8. Are there front and back, or only single staircases? Two front and two rear stairways.
9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) Sleeping rooms on all floors.
10. What is the elevation above the ground of your highest sleeping apartments used for insane? 20 feet.
11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? Three iron fire escapes, on outside doors open from large rooms to them.
12. What is the size of the doors and windows opening from the interior into the fire escapes? Two feet six inches by six feet eight inches (all doors).
13. How near do these fire escapes approach the ground? Extend to ground.
14. Whence do you draw your water supply? From wells and springs to large tanks on attic of building. The water supply has been short owing to excessive drouth.
15. What stories of your building are reached by water supply? What are the number and size of vents upon each floor? First and second stories. Inch pipes.
16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) Two fire hose attached to tanks in attic.
17. How many feet of hose have you ready for use upon each floor, and what is its size and length? 50 feet of hose on each floor.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? Heated by hot water system. Boilers not accessible to inmates, except those who help care for them.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main building? If not, where are they? The hot water heater is in the cellar.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No. Only stoves in building is a range for cooking.

21. Are your buildings lighted with electricity, illuminating gas or oil? Electric light.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Switches.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Watchman up to 11 P. M. Attendants sleep on second floor.

25. Do you allow smoking in the dormitories? No, except in case of aged persons.

26. Are there any dormitories directly over the kitchen? Have no large dormitories, greatest number in any one room is four, never exceeding six. Only one room over kitchen.

27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? Have no fire engines.

28. Have you telephone communication with any located fire apparatus? Have telephone but not connected to any fire department.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them? No rules.

30. Are there any buildings of an inflammable character located near or adjoining your own? If near, at what distance, and what is their character? None closer than 100 feet.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. Yes. A number of the patients, who are quiet and harmless and who work on the farm, occupy rooms in the almshouse, on the same farm and adjacent to the hospital. Permission was granted to board of directors by Committee on Lunacy for them to occupy these rooms.

Will forward photographs to your Commission of buildings. There is no danger of fire whatever, in the Somerset County Hospital for the Insane, and even if fire should occur the ample means of escape from the building narrows all danger from loss of life by fire to a minimum.

The inmates are well cared for, well housed and fed and enjoy good health. Only two deaths during the year.

L. C. COLBORN, Treas.,
Somerset, Pa.

WASHINGTON COUNTY HOME FOR THE INSANE, ARDEN, PENNA.

1. What number of insane inmates are in your care? 30.

2. Males? 15.

3. Females? 15.

4. How many attendants have you for the insane inmates, and what is the actual capacity of your buildings? (a) Two males; two females; (b) 50.

5. Are there any violent cases which require separate confinement? No.

6. Of what are your buildings constructed—frame, stone or brick? Brick and stone.

7. What is the width of the staircases connecting your different stories? 52 inches.

8. Are there front and back, or only single staircases? Front and back also bridge to other wing.

9. Upon what floor or story are there sleeping rooms? (State the number on each floor.) First floor, 8; second floor, 8; third floor, 32.

10. What is the elevation above the ground of your highest sleeping apartments used for insane? 26 feet.

11. Have you any outside fire escapes? If so, what stories do they reach, and how is access obtained to them from each floor? (a) Yes; (b) third story; (c) one window on each floor.

12. What is the size of the doors and windows opening from the interior into the fire escapes? Windows 3x7 feet.

13. How near do these fire escapes approach the ground? Rest on ground.

14. Whence do you draw your water supply? From 10,000 barrel reservoir.

15. What stories of your building are reached by water supply? What are the number and sizes of vents upon each floor? (a) All three stories. (b) Two stand pipes connected with three inch main in cellar with over 50 pounds pressure.



Pittsburg City Home—Marshalsea—Power House and Ice Plant.



Pittsburg City Home—Marshalsea—Dynamo Room.



Pittsburg City Home—Marshalsea—Boiler Room.



City Farm Cottages for Insane now Under Construction—Pittsburg City Home—Marshalsea.



Washington County Home.

16. Have you any hose attachments upon any floor? (If so, how many, and what is the size of the discharge pipe?) Yes. Two on each floor; one and one-half inch.

17. How many feet of hose have you ready for use upon each floor, and what is its size and length? Two on each floor, each one is one and one-half inches. 120 feet long.

18. How are your buildings heated? If heated by steam, are the boilers accessible to the insane? (a) By steam. (b) Boilers not accessible.

19. If heated by steam, are the boilers within the main buildings? Are there any boilers for heating or manufacturing within the main building? If not, where are they? (a) None in building. (b) In separate building adjoining main building on east.

20. Are there any anthracite or bituminous stoves or grates in positions where the insane would have access to them? No.

21. Are your buildings lighted with electricity, illuminating gas or oil? Gas.

22. Is the lighting controlled by fixed rules, or how is it governed and regulated? Fixed rules.

23. Do the insane have access to the control and supply of light, whether by gas or oil? No.

24. Have you watchmen at night upon the sleeping floors? If so, how many, and between what hours? Two from 9 P. M. to 6 A. M.

25. Do you allow smoking in the dormitories? No.

26. Are there any dormitories directly over the kitchen? No.

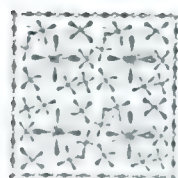
27. How near to the buildings are the nearest fire engines, whether public or private, and are they accessible in an emergency? None accessible.

28. Have you telephone communication with any located fire apparatus? No.

29. Have you any established rules in case of an alarm of fire, or have you any organized or printed methods to pursue in case of alarm? If you have, please send copy of them. —.

30. Are there any buildings of an inflammable character near or adjoining your own? If near, at what distance, and what is their character? (a) Laundry building. (b) Two-story frame 20x30 feet, 20 feet from building.

31. Are the insane patients for which you receive State aid, kept in a separate building from the other patients? Describe the building in which they are kept, and if possible supply a photographic view of the same for use in the report of the Commission. No. We send by this mail a plan of second floor of the home. First and third floors are same as second, only that third floors are larger rooms; no cells. Dining room under chapel. This with a view of the building will, we think, give a fairly good idea of the arrangement.



LEGISLATIVE COMMISSION TO INQUIRE INTO THE CONDITION
OF PENNSYLVANIA INSANE.

REPORT

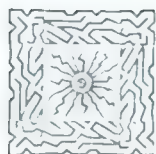
OF THE

SUB-COMMITTEE

TO

OBTAIN THE VIEWS OF EXPERIENCED OFFICIALS
MANAGING THE INSANE.

WM. T. MARSHALL, CHAIRMAN.
FRANK B. McCLAIN.
JOHN M. SCOTT.



REPORT OF THE SUB-COMMITTEE TO OBTAIN THE VIEWS OF EXPERIENCED OFFICIALS MANAGING THE INSANE.

To the Legislative Commission to Investigate the Condition of Pennsylvania Insane:

Gentlemen: At a meeting held on October 8, 1901, of the Joint Committee to Investigate the Condition of the Pennsylvania Insane, a resolution was offered by Mr. W. C. Sproul, appointing a sub-committee to obtain the official views of experienced superintendents, physicians and officers as to any improved method of government or economy.

In accordance with such resolution the undersigned (being the sub-committee), beg leave to submit the following report:

On March 5, 1902, they gave a formal notice to the superintendents in charge of the State and county institutions, having care of the insane, to appear before the committee at a meeting to be held in Philadelphia, on Tuesday, May 6th, at 10 o'clock A. M. in Court Room No. 646, City Hall. It was deemed best for the superintendents to be directed to appear before the entire committee (instead of merely the sub-committee) in order that there might be full publicity and an opportunity afforded to each member of the committee to ask any question which he might deem expedient.

The superintendents were notified that the subjects to be considered were of vital interest to themselves and the inmates of their institutions and they were called upon either for a personal attendance or for a paper embodying a statement of the condition of their wards and suggestions upon their care and management. At the time and place designated there appeared superintendents or reports from all the State institutions except the Wernersville asylum, S. S. Hill, M. D., superintendent, who was prevented from leaving home on account of the illness in his family, and the State Hospital for Insane at Danville, the superintendent of which, H. B. Meredith, M. D., announced that he would be unable to be present on account of small-pox being in his institution.

(Note by Secretary.) Both of these institutions were afterwards visited by the full committee.

Nine county institutions were represented by their directors or

superintendents and seven county hospitals and almshouses failed to send any representatives.

Inasmuch as the testimony taken on May 6th and 7th is of such a character that even its minor details are of interest it is herewith embodied in full and made a portion of the report of your sub-committee.

Very respectfully submitted,

W. T. MARSHALL, Chairman,

F. B. McCLAIN,

JOHN M. SCOTT.

PROCEEDINGS OF THE LEGISLATIVE COMMISSION WHICH
CONVENED IN COURT ROOM NO. 5, IN THE CITY OF PHILA-
DELPHIA, ON TUESDAY, MAY 6, 1902, AT 10 O'CLOCK A. M.

The commission was called to order by Hon. William P. Snyder, chairman.

Mr. Snyder. The Legislature of Pennsylvania, realizing that the present crowded condition of hospitals for the care and treatment of the insane required the early necessity of accommodation for the increased number of patients, authorized the appointment of three members of the Senate and four members of the House of Representatives, together with the President pro tem. of the Senate and Speaker of the House as ex-officio members, to make inquiry and report to the next Legislature some established basis which will afford the most modern and approved methods of treatment and the greatest amount of comfort and freedom compatible with their condition.

Some of our sister states have established a system whereby under gentle surveillance and kindly treatment the lunatics are found occupation for mind and body and in place of being wholly charges upon the state and life a burden to them, they become successful tillers of the soil, skilled artisans and mechanical constructors in many ways. One of the most successful of these institutions is the Willard State Hospital for the Insane of New York.

It is not the purpose of this committee to enter upon their duties with the belief that flagrant violations of the present laws exist in all state institutions, but to inquire of the superintendents, physicians and officers, their experience as to any improved methods of government or economy, as to the advisability of affording the inmates light employment, to the physical condition of the buildings with regard to fire and means of escape in case of fire, the means at command during contagious epidemics, the experience and advisability of establishing county institutions, the cost and maintenance of both state and county hospitals, and such other information as is necessary, and also to correct any existing deficiency in institutions established under our present laws and to make a report to the next Legislature and present such remedial legislation, if necessary, as will ameliorate and protect the lives of the insane of this great State.

Of the superintendents, who are present of the seven State hospitals for the insane, the superintendents will be heard according to their seniority.

The first on the list is the Pennsylvania State Lunatic Hospital at Harrisburg. Dr. Orth was here yesterday and informed us that he could not be here before to-morrow.

The next hospital, ranking in seniority, is the Western Pennsylvania Hospital for the Insane, at Dixmont, in Allegheny county. Dr. H. A. Hutchinson, superintendent.

Dr. H. A. Hutchinson called and testified as follows:

Examination conducted by Mr. Snyder, Chairman.

Q. With regard to the question of food, are the inmates of your institution being fed in the best ways, in the ways that are most advantageous for them and most economical for the taxpayer? Can you suggest any ways to improve the diet and diminish the cost?

A. I do not see how we can produce supplies at any less cost than we are doing in our hospital under our present plan. We have a very liberal dietary, one of the most liberal that I know of. The patients are well fed and have a great abundance of everything on the table in season and I do not see, if we are going to keep up that standard, how we can decrease the cost. The purchases are made with the greatest care; the purchasing agent is a most competent and most thorough man in that respect and I don't see how we can replace our system by anything that is better.

Q. What method have you adopted in obtaining employes whom you know are fit or qualified to attend the insane?

A. My method of obtaining employes is simply this for the women employes: I require a letter of recommendation from their pastor, from their family physician and from a well qualified citizen whom they know. They must present those three letters. In addition to that they have to answer a blank form and I send all blanks there which contain a long list of questions as to their age, state of health, what church they belong to, what experience they have and if they have any environments or are likely to have any. Those questions are included in that blank.

Q. Have you a copy with you?

A. No, sir; I have not.

Q. Will you furnish one to the secretary?

A. I will take great pleasure in mailing one when I get home. If I had known you wanted it I would have brought it with me.

Q. Do you exact from them a proper consideration for the mental

defects of the patients with whom they deal; in other words, are they educated up to the mental and physical requirements of their position, or are they simply able to enforce order by the employment of absolute force?

A. I prefer to employ everybody who has had no experience in hospital work. We have a training school for nurses at the institution, which is conducted on a business plan. It is cold in its management; there are no favors shown in it and we give training there and I always consider that after they have been there a few months they begin to be of value to the institution. I do not like to have employes come there that have had experience in other institutions because I like to break them in to suit our own individual institution. My opinion is that that has always been more successful with us.

Q. How are your supplies obtained for the use of your hospital, by public bids, by competition, by regular contract, or in what manner?

A. We buy everything in competition; we don't buy five cents worth of anything over the 'phone but everything is purchased by competition.

Q. What provision have you made for inspecting the supplies, whether food or otherwise, to ascertain whether they conform to the stipulations under which they were obtained, both as to quality and quantity and price?

A. The purchasing agent has a written order from me to buy such and such commodity and he goes and gets bids on it and reports to me the kind and quality and if necessary samples are provided and then the purchase is made as we see fit.

Q. Are they advertised?

A. No, sir; we used to do that years ago but we don't do it any more because we think this plan is better.

Q. The purchasing agent inspects the supplies as they are purchased to see whether they are up to the standard?

A. Yes, sir; and they are not accepted unless they are approved by myself.

Q. Do you find any advantage in not obtaining your supplies from some central source?

A. Yes, sir; because under our system the quality is taken into consideration and we have a better opportunity of judging of it individually and therefore we think our present policy is the best plan.

Q. What is the average proportion numerically of your attendants to the number of your inmates, that is, those that are actually in contact with the insane and responsible for their care and keeping?

A. I think it is about one to ten. I think the law requires that.

Q. Those are the ones actually in contact with the insane?

A. Yes, sir.

Q. And take charge of them?

A. Yes, sir.

Q. What are the requirements of admission, under existing law, for a patient in your institution?

A. They can be admitted there in three ways: By request of their friends, by request of the poor authorities upon the certificates of two physicians and by order of the court.

Q. What is the source of your water supply for drinking purposes?

A. We have the very best water supply in the State. We have a pumping apparatus that pumps river water up into a reservoir and from that taken into the institution. It is filtered and is as clear as spring water and we use that for all house cleaning and general purpose use. For drinking water and cooking we have any quantity of spring water.

Q. What provision has been made for the sewage of your institution?

A. The same way as to sewers. We have large sewers which run down the hill and empty into the Ohio river and run into the in-take a piece; and that is the way we get rid of it and we feel confident that we have a splendid plan.

Q. How is your building heated?

A. By steam.

Q. Have you any suggestions to make that would improve the manner of heating your buildings?

A. No, sir; our buildings are always nice and warm and very comfortable. In fact to a man who is in good health it is too warm because it is kept warmer than necessary on account of the large number of old people. Sometimes heat is a burden.

Q. What attention have you paid to the ventilation of the living and sleeping apartments?

A. We have no system of ventilation. I have an old building and therefore we have no system of ventilation. We ventilate through the windows and doors. We have fans in the cellar but I don't attach much importance to them. The ventilation is, however, very good.

Q. Is it direct or indirect steam radiation?

A. It is a direct system right into the heaters; in fact it is by both. We have the heaters in the cellar and have steam heaters in some of the wards.

Q. Is there any systematic method of inquiry into the state of health of your patients at any stated time and, if so, how frequently and in what manner is the inquiry conducted?

A. Who do you mean?

Q. How often do the physicians visit the patient? .

A. The rule at my hospital is that the resident physicians visit the patients twice a day. I know it to be a fact that the physicians there visit the patients as many as three and four and five times a day. I am in my own wards two and three times a day always when I am home and well.

Q. Are there any women managers of your institution?

A. We have one or two women on the board but none directly concerned with my institution.

Q. Do you not believe that if the practice was adopted, as is the case with the Utica State Hospital for Lunacy in New York and with other New York hospitals, of placing women upon the board of managers that the result would be advantageous?

A. We are getting along very well as it is now.

Q. How many visits have the managers of your institution paid to it during the last year?

A. I have an executive committee composed of ten members, some of them are there every week; they are not all there but some of them. They telephone down to me sometimes once a day and sometimes twice a day to know how I am getting along and also have a meeting on the second Tuesday of every month at which sometimes all are present. They are down there frequently, not strictly in an official capacity but they come down to see me and sit awhile and visit the wards and visit me and then they go away.

Q. How often do you have stated meetings?

A. Have a stated meeting every week.

Q. Do the managers at those times make an inspection and investigation of those departments?

A. Yes, sir; very carefully so.

Q. Have you women nurses and women attendants in the women's department?

A. Yes, sir.

Q. What proportion do they bear numerically to the number of patients?

A. About the same, one to ten.

Q. Do you think that if the supplies for your institution were furnished from some central source, such as the prisons of the State, that it would be a saving to the taxpayers?

A. Not in the manner we are doing.

Q. How are your buildings lighted?

A. By gas at present. We are seriously contemplating, and will as soon as possible, put in electric light.

Q. What are your rules governing absentees among officers and what are the hours numerically of your nurses and attendants?

A. My assistant physicians, I allow them to go away at any reasonable time. They always come to me and let me know that they would like to go away and if it is convenient to me I permit them to do so. It is the same way with the subordinates; they go to the heads of their respective departments and obtain leave of absence from them.

Q. How many hours are they on duty out of the twenty-four?

A. It would be hard to answer that question. They are on duty until late at night; they are in their wards at 10, 11 and 12 o'clock at night, that is, the physicians. The supervisor in the male and female departments is on from 6 o'clock until about 9 o'clock at night; they go to bed about 10 o'clock. The nurses all over the hospital are supposed to be in bed by 10 o'clock and arise at 6 o'clock in the morning.

Q. They are relieved by other nurses or watchmen in the wards?

A. No, sir; the patients are put to bed, of course, according to their mental condition and their physical condition between 7 and 9 o'clock. Some of the nurses are practically off duty a little earlier although not in bed until 10 o'clock. Night nurses go on duty at 8 o'clock. The physicians are practically on duty all the time.

Q. How many patients have you?

A. Eight hundred and five at the present time.

Q. In the male and female wards?

A. Yes, sir.

Q. How many of those are public patients?

A. About seven hundred.

Q. And the balance are private patients?

A. Yes, sir.

Q. What are your rates, per week, for the respective classes?

A. For the indigent insane we receive \$3.75 per week; for the private patients the lowest rate is \$7.50 per week.

Q. Do you place restrictions upon communication by letter to or from your patients?

A. The letter writing in the hospital is controlled by the lunacy law as near as possible. A patient is supposed to write one letter a week, letters to attorneys and anything that the law permits are allowed to go and other letters, according to the rules of the Board of Charity, are always inspected by an officer detailed for that work.

Q. In your judgment, should there not be uniform regulations for all hospitals in regard to correspondence of the insane?

A. I think it is now, as far as I know.

Q. Not deviated from?

A. No, sir.

Q. Do you approve of the provision of the law of the state of New York, that the insane shall be allowed to correspond without restriction with the county judge and district attorney of the county from which they were committed; would that be an advantage?

A. Practically the same right pertains to these hospitals now; as I understand they do the same thing now, as I understand it. We allow that at home.

Q. How often does the Committee on Lunacy of the Board of Public Charities visit your institution, how often did they visit your institution last year?

A. They visited quite frequently, the Board of Lunacy, or their representative, or members of the Board, were there sometimes three and four times, and sometimes four and five times—lately sometimes four and five times.

Q. More than one member of the Board?

A. Yes, sir; sometimes two, sometimes three and sometimes four.

Q. Have you any inmates in your institution with reference to whom you or your medical faculty entertain any doubt as to actual insanity?

A. No, sir.

Q. Have you any suggestions or recommendations to make with regard to the laws governing the admission of inmates, or making any change in the present laws?

A. It is a question I have not thought very much about but I think the laws are very good with respect to the admission of patients to the hospitals in this State.

Q. Have you noticed any abuses that have occurred since the introduction of this system?

A. No, sir.

Q. Is the line of demarcation tightly drawn between the male and female inmates, as to social life?

A. Very much so at Dixmont.

Q. Is the line also drawn between the cases of acute insane and those of other classes?

A. Yes, sir; it is classified according to scientific classification all over the house.

Q. What formula is adopted to obtain the discharge of a patient in your institution?

A. That is also controlled by the lunacy law of this State. Patients committed by the court require an order from the court for their release. Patients committed by the poor authorities, in that case I always communicate with the poor authorities and tell them that such and such a patient is restored, or very much improved and might be benefited by going home and they come after them. The same way is adopted with reference to private patients.

Q. I understand the Auditor General requires the different State institutions to have a uniform system of book keeping and some uniform method of obtaining supplies to be provided and some general concert of action to be adopted; how does that work?

A. I think we have the prescribed form of book-keeping there. We have the voucher system and I think it perfectly satisfactory. It is very clear that it is for the reason that the inspector of the Auditor General's department is there from time to time and he reports to me that it is most satisfactory to him. That is all I want. He is always very careful to tell me he approves of such and such things. Once in a while where he has any suggestion to make he makes it and we endeavor to carry it out.

Q. How often does the representative of the Auditor General's department visit you?

A. I think he is there about every three months.

Q. Might not a conference of superintendents prescribe a system of uniform blanks which would imply, if it did not compel, a substantial uniformity of methods in administering the affairs of all the hospitals? In other words, would it be advantageous for the superintendents to have a conference frequently, three or four times a year, or half a dozen times a year?

A. That might be of advantage. It is a question that I have not given much thought to. I am in frequent correspondence with the superintendents about matters and affairs.

Q. What provision has been made in your hospital in case of an outbreak of any contagious or infectious disease?

A. I think we are very well provided; I have a frame building that I had the managers build up on the hill, remote from the institution. I had it built one story high and in case it becomes infected it could be destroyed without much loss. It is used at the present time by a lot of demented patients but they could be easily removed should we have any acute infectious disease. I have also another similar building for the women patients under the same circumstances.

Q. Have you any contagious or infectious diseases there at the present time?

A. We have a small epidemic of measles there at this time.

Q. Have you any serious attacks?

A. No, sir; except that they make an adult patient more serious than a child.

Q. Do you place them out of the institution?

A. Yes, sir; I remember some years ago we had an epidemic in the laundry department and they were isolated without any great detriment to the institution.

Q. What is your system of religious observance?

A. It has always been the custom of the hospital to have ministers of the Gospel of the various denominations to come and hold services. We have services every afternoon. Sometimes we get better preaching than others.

Q. What is your formula by which you transfer patients from your institution to that of any particular county, what are the requirements and whose assent is necessary for such transfer?

A. The lunacy law controls that entirely; it is done entirely by it. It requires the usual order of transfer in duplicate, one copy to me and one to the superintendent to which the patient is to be transferred and it also requires a copy of the original certificate of the physicians.

Q. Do you believe that so far as it is possible the application of correct civil service principles for the employment in the various hospitals would be beneficial? This civil service, as you are probably aware, already exists in the state of New York with regard to the insane hospitals?

A. I don't know that it is any such great success there, that it need be established here.

Q. You don't think you would get any better results, if adopted, than under your present system?

A. No, sir; I don't think so, not with the careful manner in which we employ subordinates, about which I have detailed to you.

Q. Have you any suggestions to make as to the means of preventing insanity, embracing such points as the inordinate use of alcohol and tobacco, the enervating life of cities and the disease of heredity, or from other causes?

A. That is a pretty hard question to answer, Mr. Chairman. I am of the opinion that likely since there are a great many patients in institution of this kind, it has a tendency to break down their health, breaks down their mental faculties and results in insanity; if it could be prevented we would not have so many insane.

Q. How are the superintendents, the stewards and matrons appointed in your institution?

A. The superintendent is appointed by the board. The physicians are appointed by me and confirmed by the executive committee and the subordinate officers in the institution are appointed by myself.

Q. Does the superintendent have the sole and discretionary power in employing and discharging employes?

A. I have charge of all subordinate persons in the matter of discharge as well as of the assistant physicians; however, that unpleasant duty I never had to perform.

Q. In New York state the superintendents are required to meet every two months to discuss matters concerning the general welfare. Do you think that such meeting in Pennsylvania would be beneficial?

A. It might result in good; I don't know. It might be the means of doing good.

Q. In what manner are inmates transferred from the State institution to the county institution?

A. In the manner in which I told you a few minutes ago.

Q. Just detail the manner required under the act of Assembly by which patients are transferred from your institution to the county institution?

A. The way it is done is simply this: The superintendent of the institution having an insane department, in connection with the county home, notifies me usually by letter that he would like to transfer, say a number of patients and generally comes to see me and we discuss as to the proper patients to be transferred. I always carefully aim to furnish him with a true history of the patients, so he can take proper care of the patient; should the patient be of a suicidal, homicidal tendency, or something of that kind; and after he obtains that he applies for an order of transfer and that is accompanied by a copy of the physician's original certificate admitting them in Dixmont.

Q. The law requires that a female patient be accompanied by another female. Is there any such rule or system in force in your transfers?

A. Since the penalty has been attached it has been enforced.

Q. How about the operation of the law?

A. It is a very good law.

Q. How about the transfer of the minors?

A. The same holds true.

Q. Dixmont is a corporation?

A. Yes, sir.

Q. What are the relations of your institution with this State?

A. For a number of years the institution there received appropriations from time to time for the keeping of the indigent insane. For the last sixteen years the hospital has received no distinct appropriation at all; in the meantime we have had indigent insane there and received merely a pro rata per week, that the law provides in such cases.

Mr. Snyder. Has any member of the committee any questions to ask?

Q. (By Mr. Sproul.) I would like to ask whether there are in your institution a large proportion of curable patients?



State Building for Insane—Dixmont—Main Building.



State Hospital for Insane—Dixmont—Annex Building.



State Hospital for Insane—Dixmont—Railroad Station.



State Hospital for Insane—Dixmont—Women's Ward.



State Hospital for Insane—Dixmont—Dining Room, Male Ward.



State Hospital for Insane—Dixmont—Front Entrance Hall.

A. To answer that in a broad sense, I would say, that we regard a majority of them as being curable. You mean are they recoverable?

Q. Yes, sir.

A. The forms of insanity have very much changed in recent years; we do not get the cases now of insanity, that recover, like we used to.

Q. They go more largely to training schools than formerly?

A. No, sir; it is due to the change of the times and the different manner of living and various things. We don't get the forms of acute mania and acute melancholia that we formerly did. Emigration is different now and we have a larger number of Slavs and Hungarians that won't get well when sent to our institutions as usual, therefore we have not as large a proportion of patients get well.

Q. Have you any system of training for those not hopelessly insane and that you deem recoverable?

A. The hospital that I represent presents a very large field of resources for the employment and occupation which enters so largely into the curative measures and the treatment of its insane.

Q. You have cases then where inmates are discharged as cured?

A. Yes, sir; we discharge about a hundred every year.

Q. (By Mr. Bliss.) What is your judgment as to the policy of the separate care of the chronic insane?

A. I have never approved of that very much; for taking the sentimental part of it I don't believe in branding every patient as incurable by committing him to an institution the insane know that is incurable for the chronic; therefore, from that standpoint, I never approved of it. It was tried in New York and was not feasible; I do not believe it is a good plan. I am not making any criticism with respect to the usages at any of the institutions of this State because I think it is wisely done.

Q. Do you think it would be wise or not to take a new departure?

A. I would not increase the facilities of that institution if I had anything to do with it and I think it is not a good departure. I think it is a backward move.

Q. What is your judgment of the system of county care of the insane?

A. Where the county care is conducted on a broad plane, like some of the institutions of this State, I imagine it is very good, but where it is conducted with little care in attendance, like it is at some of the county homes, I would not approve of it.

Q. In other words, you think it would be advantageous if there were some general system of supervision?

A. I think common sense teaches us that those patients, in such institutions, would get better care.

Q. What is your judgment as to the wisdom of the separate care of those who are acquitted of crime on account of insanity and placed in an insane institution?

A. I feel very pronounced on that point; I think it is a great wrong in this age to make a jailor out of any insane hospital for the reason that I think they should be placed in an institution separate and apart by themselves. I have about thirty-four down there who are a menace to the happiness and discipline of that institution and I think it is an outrage that they should be kept there. I think the State should make a separate institution for them.

Q. Are you acquainted with an institution of that kind in New York State?

A. I know there are such institutions throughout the country but I can't speak, specially, of the one in New York for the reason that I do not know about it.

Q. What system have you in your institution for keeping a record of complaints, where they are made by the inmates of your institution, have you any?

A. Yes, sir; we have a very good system. We have printed blanks that the head nurses in the ward has to make a report of everything that transpires during the day to the physician having charge of that department.

Q. Can a patient make a complaint?

A. On the part of the patient, if the patient has any complaint to make they have free access to either myself or the assistant physician.

Q. Are the complaints recorded?

A. They are always listened to and investigated carefully and followed up carefully.

Q. Explain what your system of investigation is?

A. We always go to the patient. For instance, he complains that he has been struck by an attendant or by another patient and we always go to the patient and examine him and question him whether it happened and how it happened and if a nurse is involved we go to him and question him closely.

Q. Do you mean yourself, you say "we?"

A. Myself and the assistants. That is the plan we follow out.

Q. You have no regular board to which you refer these complaints?

A. No, sir; that is not necessary, we do that ourselves.

Q. You say that letters are written by the patients to outsiders and that they are inspected by some one else outside of you?

A. I always have one of my assistants detailed for the purpose of having the mail pass through his hands.

Q. What is the purpose of that?

A. A great many of the insane write letters that would not be fit to go through the mail because a great many are filthy and vulgar and you have to have some control over such.

Q. It is not for the purpose of preventing complaints going to persons outside?

A. No, sir; not at all.

Q. (By Mr. Hall.) In speaking about the application of correct civil service principles for the employment in the various hospitals, you say you don't think it would work very well. Is that not more from the fact that attendants in some asylums must be selected more as a matter of temper?

A. It is under the present circumstances. Under the present circumstances it would be pretty hard to work it practically because there are so many frequent changes in the corps of nurses. Times are so good now that it is hard to keep men and they frequently change. That is one of the annoyances that a hospital like the one over which I am superintendent has to put up with.

Q. Wouldn't it be very difficult to get up any system of examination to tell whether a man would be fit on the subject for which it is intended to make use of him as a nurse?

A. I try to ascertain all that in the manner in which I have detailed it to the chairman and that is about as far as I can go. It is carried out as carefully as possible in our institution.

Q. You think their fitness is better determined by your method and that you would actually learn more from them in that way than by any previous examination?

A. Yes, sir; as I often tell them, if they are not suited to the work, no matter what letters of recommendation or blanks they fill out, I don't want them and will not keep them.

Q. What do you think of sending the insane to the county hospital in a general way?

A. I have no recommendation to make on that plan. I think where the insane department, for instance take the Allegheny Home, where they have a nice fine building and regularly appointed resident physicians, who live there and stay there, I think it works very well.

Q. In the average county homes or poorhouses, in the rural counties, do you think they have proper arrangement and appliances for their care?

A. I would prefer if a patient would be treated in a hospital.

Q. What classes of patients are usually transferred, those who are incurable or who are curable?

A. Most of those who have been transferred to those almshouses have been of the incurable class.

Q. For instance, if you take an insane person, are they alive to the comforts surrounding them, where they are comfortable, are they keen to see that?

A. It is my idea that the insane know and appreciate a great deal more than the average layman and more than the ordinary observer would expect them to do.

Q. Does not their condition of mind make it possible and is not such condition of mind liable to make them notice a slight, or ill-treatment?

A. Those questions are controlled largely by their delusions, very largely so.

Q. It might aggravate it?

A. It is for that reason they are sensitive; that is one reason they are sensitive and that I don't favor institutions for the chronic insane. I think it is rather cruel to call them chronic. I think they feel they are incurable and have no hope. I make no reflection on the chronic insane but I would not want to see any other way adopted.

Q. Is there anything to hamper the work?

A. No, sir; there are some things happen in institutions of this character that is hard to overcome. For instance, these frequent changes of attendants; as long as attendants are employed, and especially young men, it is natural for them to suppose they can be employed in higher occupations and they will leave to engage in some other occupation. That is one of the difficulties you have to encounter; that is one of the unpleasant features and I wish it could be overcome but I see no other way at present.

Q. Can the superintendents of the county almshouses select the patients to be taken there?

A. No, sir; they generally do that themselves. When they come to my hospital and want to select a number of patients there are some I would not allow to be taken if I could help it; and in some cases where an outsider would take patients I would warn them or tell them that those persons had those delusions with which they are afflicted, and then if they take them they would have to assume the responsibility?

Q. You could not prevent them from taking them?

A. No, sir; I am always careful to impress that upon them and give them a history of the case so that they may be responsible for the care of the patient.

Q. (By Mr. McClain.) Have you ample accommodation for all the patients you have in your institution?

A. No, sir; it is very much crowded. The hospital is a very popular one, as I suppose all the hospitals in the State are. There are applications coming in all the time, repeatedly, and we have more patients than we can accommodate. It is crowded and has been for years.

Q. Would you increase its size?

A. I would not want to see the hospital made any larger. I think it is plenty large enough and I think one good plan would be to build another congregate hospital. I understand there is a commission or there is a project for the building of a homoeopathic institution; if it is a congregate hospital I think it would be most acceptable to the State.

Q. Which, in your opinion, would be the better policy for the State to pursue, the erection of a few more hospitals, or increasing the capacity of those already in existence, in order to relieve this congested condition?

A. I would prefer the building of a new hospital. Mine is large enough; it keeps me busy enough to be in touch with all the patients in my institution and especially so where one wants to be conscientious in the performance of his duties. I think Dixmont is plenty large enough.

Q. Your hospital is not distinctly a State institution?

A. No, sir.

Q. I understand your cost per week is \$4.65 for each patient and that at the hospital for the chronic insane, located at Wernersville, it is \$2.06, less than one-half the amount charged at your institution; how do you explain that difference?

A. I can't explain anything of that kind on the part of the other institution. I can remember my own and that is based on a total cost of maintenance, which includes maintenance, repairs and everything. Of course it must be taken into consideration that Dixmont is an old institution and the repairs are, of necessity, large and that estimate is based on the total cost.

Q. Would that include everything?

A. Yes, sir.

Q. (By Mr. Hall.) According to that the indigent insane cost more than you receive?

A. Yes, sir.

Q. You receive \$3.75 for their care?

A. Yes, sir.

Q. And \$4.65 is the actual cost?

A. Yes, sir; they get the benefit of it, Mr. Hall.

Q. (By Mr. McClain.) The difference is made up by the endowment?

A. That is what I say, they get the benefit of it.

Q. (By Mr. Sproul.) You have other income?

A. Yes, sir; from the private patients.

Q. Have you no funds?

A. We have one or two endowment funds.

Q. (By Mr. McClain.) Does every private patient receive the same treatment that the indigent insane patient receives?

A. Yes, sir; identically the same as the man who pays seven dollars a week, or if he would pay ten dollars a week.

Q. (By Mr. Sproul.) Why is there a difference in the rate, is it because there are different accommodations?

A. A great many people want patients there that don't want them as a charge on the State and we have these rules fixed, that if they want to admit private patients we have a rate fixed at which they can be received.

Q. There is no variation in the price?

A. Yes, from \$7.50 up. Of course if a man wants a private attendant he will have to pay for it. If he wants special meals he will have to pay for it; I don't encourage that very much and that is the reason the indigent insane are treated the same as private patients and I do not like to make a difference because the insane do not appreciate the difference and if there was a difference they would see it and therefore we treat all alike. Nobody knows the difference between the indigent insane and the private patients except myself and the clerk.

Q. Have you any suggestions or recommendations to make with reference to changing our present laws concerning the insane hospitals of the State and the care and treatment of the insane?

A. We will make one or two, if you will allow it.

Q. We will be glad to hear it.

A. I think that the advanced prices of commodities has resulted in making \$3.75 per week too little. I think the State might provide better accommodations by the erection of another hospital and I think the attendants should be paid more. I think \$3.75 allows the hospitals to pay too little for the service of attendants and I think the attendants should be paid more and they would be more likely to remain in institutions of this character and thereby become more fitted for their work and would not be so likely to seek other positions where they receive more pay.

Q. (By Mr. Bliss.) What do you pay your attendants?

A. We pay men attendants \$20 per month when they come there, including their board and washing. After they are there three months we pay them \$22 and run them on up, as they become efficient, to \$24, \$25 and \$27, and night nurses \$30. On the women side they start in at \$14, \$16 and \$20.

Q. If you built a new hospital to what number do you think it ought to be limited?

A. For the good of the patients I think it ought to be limited to one thousand because the more liberal you treat them the more recoveries you will have. The more the physicians come in contact with the patients the more recoveries you will have.

Q. (By Mr. Sproul). Wouldn't it be your judgment that in establishing a few State institutions that those who are known as commonly incurable and absolutely insane should be placed in separate institutions?

A. That is a question that some argue for and some against. We have the acute and chronic, and others there, classed together and I myself think that is the better plan.

Mr. Snyder, Chairman. The next to be heard is the State Hospital for the Insane, at Danville. Dr. H. B. Meredith, superintendent.

Mr. Snyder. Dr. Meredith not being present, the next in order is the State Hospital for the Insane, at Warren. Dr. Morris S. Guth, superintendent, who is now called.

Dr. Morris S. Guth called and testified as follows:

Examination conducted by Mr. Snyder, chairman.

Q. How are your supplies obtained for the use of your hospital, by public bids, by competition, by regular contract or in what manner?

A. By quarterly contract and they are gone over by a committee of the trustees who attend to that matter entirely in connection with the steward of the hospital.

Q. Are the supplies advertised for and competitive bids sought?

A. Not now because we send out certain blanks before this meeting, two or three weeks before, to firms all over the State so that it is competitive, blanks for the articles that we need for the ensuing quarter.

Q. Are the provisions inspected by any particular person or persons of your institution to see whether they are standard and conform to the stipulations under which they were obtained, both as to quality and to quantity and price?

A. By this supply committee that consists of three trustees, the chairman and the two trustees and the steward.

Q. Suppose some of the supplies come in when the committee is not there?

A. The steward sees as to the quality of the supplies at all times.

Q. What are the requirements of admission under the existing law for a patient in your institution? Do you live up to the present law relative to the requirements of admission?

A. You mean admission of patients?

Q. Yes, sir.

A. Yes, sir; that is either by certificate or court commitment.

Q. What is the source of your water supply for drinking purposes?

A. Driven wells; two driven wells.

Q. Have you any filtration plants?

A. No, sir; it does not require it. It is very pure water and abundance in quantity for all purposes.

Q. What provision have you made for the sewage of your institution?

A. We have large sewer mains that enter into the Conewango creek about a half mile from the institution and they are flushed two or three times a week, oftener during the summer time than in the winter.

Q. How are your buildings heated?

A. By direct steam.

Q. How are they ventilated?

A. By fans; we have a fan for each wing, for men and women.

Q. How frequently do your physicians visit the patients of the ward?

A. I have four assistants, two for the men side and two for the women side and each make two visits a day and more frequently as the case may require; if we have any particular sickness in our institution they are in half a dozen times.

Q. Are there any women managers of your institution?

A. No, sir.

Q. Would there be any advantage in having them?

A. I would not think so.

Q. How many visits have the board of managers of your institution paid to it during the last year?

A. Our board of managers are split up into different committees. We have a weekly visiting committee and a monthly visiting committee and various committees, which are executive, on the farm and in the gardening and they attend to the employees and salaries; and there are some one or the other of those committees there all the time and we have a regular quarterly meeting, but then this meeting that I speak of, where the contracts are awarded, that precedes the quarterly meeting. So they are there almost constantly.

Q. You have women nurses at your institution?

A. Yes, sir; for the women.

Q. What proportion?

A. About one to ten.

Q. And the male nurses?

A. About the same. We endeavor to keep it up to that point; on the men's side it is a little more difficult.

Q. Do you think the manner of obtaining your supplies is the best possible manner of getting them?

A. It seems so to me; I don't know any different way or any better way. We have samples of all we buy and they are inspected at the time.

Q. How are your buildings lighted?

A. By gas.

Q. What rules have you in reference to the attendants being on duty?

A. The attendants have a half a day each week, from 1.30 to 9.30, and every third Sunday from 10 to 9.30, and allowed an hour each day, if convenient, an hour or even two hours.

Q. How many patients have you in the institution at the present time?

A. Ten hundred and thirty.

Q. How many are public and how many are private?

A. All with the exception of seventy-five or eighty.

Q. What is the capacity of your institution?

A. About seven hundred.

Q. And you now have one thousand?

A. Ten hundred and thirty.

Q. Do you think it would be better to enlarge your hospital or have an additional hospital built somewhere else?

A. It seems to me it would be advantageous to add additional buildings. They could be taken care of if they were near enough to the main plant and under the present management it would be more economical to do so.

Q. What are your rates per week for the respective classes, public and private patients?

A. The rate for the public patients is fixed by law at \$3.75 and \$2.00 is the full limit to the State; and private patients we charge from \$3 to \$10, according to the amount of care and attention necessary. We have only two \$10 patients in the hospital at the present time and that is owing to the fact that they require day and night attention; we could not do it for less. The average of the pay patients is \$3.50, which you will observe is less than the public patients.

Q. What restraint would you place on communications by letter from the patients to their relatives or friends?

A. None whatever, only where there is a special request made. You no doubt are aware that some of the insane indulge in vulgarity and all kinds of abuse to people who have nothing in common with them; so that the friends sometimes request that they should not be sent out. But all letters to attorneys and judges we are compelled to send them by law.

Q. How often has the Board of Charities visited your institution during the last year?

A. The Committee on Lunacy, by its secretary, I think twice last year; and the Board of Charities, by its secretary and maybe one or two members of the board, usually visit once a year.

Q. That is, the secretary of the Board of Charities?

A. Yes, sir.

Q. Any other members of the Board of Charities visited your institution?

A. Yes, sir; he is usually accompanied by one or two members.

Q. Do you know of any inmates of your institution with reference to whom you or your medical faculty entertain any doubts as to actual insanity?

A. No, sir.

Q. Have you any suggestions or recommendations to make with regard to the laws governing the admission of inmates at the present time?

A. No, sir; I have nothing to suggest. I think the law is very good as it stands.

Q. Have you noticed any abuses which have occurred under the present system of admission?

A. No, sir.

Q. Is the line of demarcation tightly drawn between the male and female inmates, as to social life?

A. Always; we are very particular about that.

Q. Is the line also drawn between the cases of acute insane and those of other types of insanity?

A. Well, we endeavor notwithstanding the present circumstances, being very much overcrowded as I have stated, to classify as well as we can and to keep the violent and excited class separate and apart from the other sex.

Q. From the milder classes?

A. Yes, sir.

Q. What formula is adopted to obtain the discharge of a patient?

A. Well, the law allows the superintendents to discharge any restored patient without consultation but I am in the habit of consulting with those who send them there, the county authorities or township authorities, and of course in the case of private patients they come without any consultation.

Q. And how is it with reference to the patients who are committed by the courts?

A. I always require an order of court to discharge them under all circumstances.

Q. Where committed by the directors of the poor you require what from the directors of the poor?

A. To send me an order. Most of the discharges are made on trial. The lunacy law allows a trial of thirty days to see whether the patient would get along and if they get along in that time and do not return they are discharged.

Q. What provision have you made in the case of the outbreak of any contagious or infectious disease in your institution?

A. We have no special provision for anything of that kind, although in 1890 we had what promised to be a rather serious epidemic of diphtheria. We had all together one hundred cases, or over, and then selected the upper stories of the rear ends of the building and isolated it as completely as possible and I am very glad to state that we did not lose a single case. Of course it would be preferable to have an outside building but we have no outside building.

Q. What provision have you made in the case of an outbreak of fire?

A. We have no fire escapes; our stairways are all slate and in common walls so there would be no possible connection with any flames and besides that we have hose in each ward so that if a fire would take place there it could be controlled by that means and we also have a fire apparatus and hose outside and they could also be used.

Q. What is your system of religious observance?

A. One chapel service in the afternoon about 4 o'clock and about three services during the week when we have no other entertainments. We have two dances a week and usually one stereosoptical entertainment, and other amusements. We have regular chapel exercises and have a room for that purpose and a hall for entertainments; we never combine the two.

Q. What is the formula by which you transfer cases from your institution to that of any particular county and what are the requirements and whose assent is necessary for such transfer?

A. In many cases the county authorities come to the institution and inspect their wards and then they confer with the Committee on Lunacy and in company with those we send them, unless we have an order of transfer. It is always done that way, by order of transfer.

Q. Do you believe that so far as it is possible, the application

of civil service principles would apply to your institution; would it be beneficial, would it be better by means of that system or under your present system?

A. I don't see how it could be an advantage and chiefly for the reason that we cannot offer enough inducement to the attendants; the wages are not large enough. Our men attendants we take in at \$16 and the women at \$14 and the men attendants are gradually worked up to \$26, according to the length of service, and the women attendants up to \$24 a month.

Q. Where do your employes chiefly come from?

A. From the rural district.

Q. From the farms?

A. Yes, sir; chiefly.

Q. Both male and female?

A. Yes, sir.

Q. Can you offer any suggestion as a means of preventing insanity?

A. That is an all embracing subject, but I would like to state right here, that many years ago, (we are just in existence twenty-two years,) but a number of years ago our trustees thought it would be a good plan to have a superintendent of the institution at stated times, for instance once or twice a month, for those people who were threatened with nervous diseases and insanity to come there for consultation free and for the hospital to supply the medicine. If they could do that it would ultimately keep out that kind of cases, if kept up, and that has worked splendidly and I have frequently spoken to friends of patients and charged them what they must do and given them general directions to guard themselves and I found it quite beneficial.

Q. Are your superintendents, stewards and matrons appointed by the board of directors?

A. Yes, sir.

Q. Who has authority to hire and discharge employes?

A. I have, sir.

Q. Do you think it would be an advantage for the superintendents of the different State institutions to have a meeting four to six times a year?

A. I think it would be an advantage.

Q. By what manner are the inmates transferred from the State institution to the county?

A. That is done in the same way that I stated, by transfer, order of transfer from the Committee of Lunacy.

Q. The law in the transfer of female patients is strictly adhered to?

A. Yes, sir; in all cases. It sometimes happens that that is not done but it is referred at once to the Committee on Lunacy.

Q. (By Mr. Bliss.) You stated, in your judgment, that the enlargement of your institution would be more beneficial than the building of a new institution because it would be more economical. Do you look at it simply from the point of view of economy?

A. Not altogether; I think we could add to the number of patients, that each institution could be added to, but ultimately there will have to be another institution.

Q. What, in your judgment, is the remedy where the capacity of an insane asylum is insufficient, looking at it from a point of view in the patient's interest and not with reference to the cost to the State?

A. The number of patients at Norristown seems to act very well. They have about double the number we have; they have about two thousand.

Q. Then, in your judgment, two thousand patients is not too many to be placed in one hospital?

A. I think not.

Q. I would like you to give us your judgment about the operation of the county law, passed in 1895, for the care of the insane by counties; is it working well?

A. I really have no knowledge as to its practical working but my own opinion is this, that I think it is a retrograde step as far as the smaller counties are concerned. I think it could be used advantageously for larger centres, like Pittsburg, Allegheny, Philadelphia and like Retreat in the central part of this State, and my reasons are these: I don't believe they can get the proper supervision in the smaller counties. I think there should be a resident doctor and attendant both day and night to look after the inmates because these insane people, even if pronounced incurable, are sick people and should be made as comfortable as possible.

Q. What is the formula by which you transfer patients from your institution to that of any particular county?

A. There has not been any transfers made for a number of years.

Q. What is the judgment about the policy and wisdom of that system?

A. It seems to me it would be better not to take all classes in transferring patients, like the one at Wernersville, which is conducted economically, because it takes away a large number of useful men patients who could be used in the state hospital and in that way keep down the expenses.

Q. How large a proportion of your inmates can be worked at indoor or outdoor employment, to the advantage of the institution?

A. I judge about half the number we have out sometimes.

Q. Do you have any difficulty in getting work out of the patients?

A. That is variable; of course they do better at times. They are not like sane people. They are not driven. It is a matter for their own benefit and we encourage it under all circumstances.

Q. What is your judgment as to the wisdom of the separate care of the criminal insane?

A. I think that should be done. There should be special provision made for the criminal insane.

Q. Would it require more than one hospital?

A. No, sir.

Q. What capacity should such a hospital have?

A. I don't recall what number there are. We have comparatively few at Warren.

Q. (By Mr. Sproul.) On this point of interchange of ideas, do your attendants belong to any organization composed of persons interested in this character of work?

A. No, sir.

Q. Then the attendants and those in charge have no opportunity to confer on the subject of similar topics in the same class of work?

A. No, sir; without it is the drifting ones, what we sometimes call the hospital tramp.

Q. Have you discharged any patients during your administration as cured?

A. Well, in my last annual report there were forty-two cases discharged and fifty-eight improved, making one hundred for the year. Of course they go back several years. I find that insanity sometimes goes over a period of years.

Q. Then the remedial acts of the institution is kept constantly in mind?

A. Yes, sir; it is a curative institution.

Q. (By Mr. Hall.) Is the State appropriation large enough to accommodate the indigent insane from the State and county together?

A. From the fact that commodities of all sorts have risen so much in prices in the last two years, twenty per cent. according to Dunn, I should say not. On that account an extra provision should be made and that provision should not be less than \$4 instead of \$3.75.

Q. Is there any difference between the treatment of private and public patients in your asylum?

A. None whatever.

Q. You don't charge as much for private as public patients?

A. That was simply due to the fact that the rate was fixed low

so that persons in moderate circumstances could avail themselves of paying for their friends if they wanted to bring such patients there and thus relieve the State.

Q. How large a proportion of your patients are pay patients?

A. Seventy-five or eighty.

Q. About one-tenth?

A. Yes, sir; not a tenth.

Q. It is possible for a person to be committed to an insane asylum without an inquiry by a magistrate?

A. No, only by voluntary commitment. Any one can place themselves in an institution for a month by presenting a certain paper in the presence of a witness, but that must be renewed at the end of that time.

Q. Well, this law says that no person shall be received as a patient for treatment or for detention in any house or place where more than one insane person is detained, or into any house or place where one or more insane persons are detained for compensation without a certificate signed by at least two physicians resident in this Commonwealth, who have been actually in the practice for at least five years, both of whom shall certify that they have examined separately the person alleged to be insane, and that this shall be duly sworn to or affirmed before a judge or magistrate of this Commonwealth and of the county where such person has been examined, who shall certify to the genuineness of the signatures and to the standing and good repute of the signers?

A. That relates entirely to the standing of the physician, that they are of reputable character and have been in the practice of medicine for a period of five years before they can sign such a certificate.

Q. And the persons who apply for admission of the patient; their signatures have to be certified to before a magistrate?

A. Yes, sir.

Q. Have you ever known any one in your experience committed to an asylum who was not insane?

A. I have not.

Q. I gather from your testimony that there is no restriction placed on correspondence in your institution?

A. None whatever, sir.

Q. (By Mr. McClain.) In your opinion, could a better system of management be provided than the one now in operation in Pennsylvania?

A. I think the system is a very good one. I have been connected as a physician with the State Hospital at Warren since 1880, since its inception, and for the last two years its Superintendent, and their control has always been very satisfactory, as far as I can observe.

Q. How often does the State Board of Charities visit your institution?

A. The State Board once or twice a year, and the Committee on Lunacy two and three times a year. You observe we are somewhat distant from the central office but we are in constant touch with them.

Q. When they do visit your institution what do they inspect?

A. They always go through the wards and give the patients an opportunity to enter any complaints; they also look into the books and make such other examination as they deem advisable.

Q. Complaints are made to them by the patients?

A. Certainly, and they always listen to them patiently.

Q. Are you familiar with the system employed in the state of New York concerning similar institutions?

A. No, sir; I have no experience in connection with their institutions.

Q. You would not know whether that is a proper method and a better method than we have?

A. I know nothing about it; it would have to be tested. But my idea is this, that the local boards play a very important part in all our State institutions; they are men appointed by the Governor and are representative men in their communities and they represent their constituents in the different counties, like in our section, Mercer, Crawford or Erie county, and when these gentlemen come they always come with a lot of inquiries, so that they are in direct touch with the patients and it seems to be a very satisfactory plan and the friends have implicit confidence in those people. Then in the manner of furnishing supplies, etc., I don't see how any board can be more careful than the board at Warren. They are very particular in sending out their bids and giving every one an opportunity to compete.

Q. Would it not be expedient in the management of the different State institutions for some uniform system to be adopted for obtaining supplies and some general concert of action to be adopted which would simplify the management of the several institutions and make them uniform?

A. I believe there is some difference in the management of the different hospitals and it might be, perhaps, of some advantage to have all institutions in the State run on a uniform plan. Naturally we are apt to feel that our own is a little better than another, but the results in all I think are good. I know of no fault or complaints being made. The only thing I would suggest which I think would be an improvement in our present condition would be some means adopted whereby we are enabled to get better service in the way of

attendants; that seems to be the crying need. We are unable to pay sufficient to get the class of men we should have to act as attendants in connection with these unfortunate people and that is one of the important things to have around them because of their ailments and through sickness. It is a constant source of annoyance to have changes so frequently among the attendants.

Q. Have you any suggestions or recommendations to make with regard to our present laws that would be a benefit to the care and maintenance of the insane?

A. No, sir; I have not, not further than what I have stated.

Q. What is the weekly cost per capita?

A. Three dollars and seventy-three cents this present year and \$3.43 last year. The difference is due to the buildings getting a little old and more repairs made in the one year than the other. I have been very much handicapped with reference to that for the reason that two years ago we found that our plumbing was defective and we asked for an appropriation but did not get it and that amount come out of the maintenance.

Q. (Mr. Sproul.) That increases the cost of living?

A. Yes, sir; of course.

Q. Suppose that there was a central board in control of all these institutions, couldn't it make purchases and furnish supplies by means of purchasing by contract which would result in a considerable saving of expense to the State?

A. Of course I don't know. I have always thought that in different communities there are special advantages for getting certain commodities and of course until such a system should be tried I could not state as to that.

Q. (By Mr. Heidelbaugh.) In regard to supplies you say you do not advertise for competition but send blanks around?

A. When this system was started we advertised but now these people are generally known and they communicate one to the other.

Q. How often do you send out these circulars or blanks?

A. Every three months.

Q. Suppose a person in business would make a bid that did not get one of the circulars would it be received?

A. Certainly.

Q. They are not sent to a favored few?

A. No, sir.

Q. There is no danger of that becoming too close?

A. No, sir; it is very general, sir.

Q. (By Mr. Anderson.) Is there a class properly classified that is known as the criminally insane?

A. Yes, sir.

Q. (By Mr. Hall.) How often does the secretary of the State Board of Charities visit your institution?

A. Usually about two or three times a year.

Q. You say one or two members visit once each year.

A. Of the State Board of Charities?

Q. Yes, sir.

A. Once a year with two members.

Q. The Secretary?

A. Yes, sir.

Q. Is that the only visit?

A. Yes, sir.

Q. The law says that they shall visit at least twice every year?

A. Yes, sir.

Q. Section 21 says: "Every house and place in which the insane are confined, shall, without previous notice, be visited by one or more members of the committee, or their secretary, twice at least in every year?"

A. That is the secretary of the Committee on Lunacy, not the secretary of the Board of Charities. The secretary of the Board of Lunacy fills that requirement; he visits two or three times a year.

Q. And members of the committee?

A. No, he represents the Committee on Lunacy.

Q. The Secretary of the Board of Charities, that is, Dr. Biddle, he visits your institution how often?

A. Once a year on an average and one or two members of the Board of Charities.

Q. The secretary of the Committee on Lunacy, how often does he visit your institution?

A. Two or three times a year.

Q. Do any of the members of the committee come?

A. Occasionally.

Q. The most of that work, however, is done by the Secretary?

A. Yes, sir.

Q. And not by the committee?

A. No, sir; by the secretary.

Mr. Snyder, Chairman. The next in order is the State Hospital for the Insane, southeastern district, located at Norristown, Dr. D. D. Richardson, chief physician. Dr. Richardson not being present at this time I take great pleasure in calling upon Dr. West, superintendent of the Norristown Hospital for the Insane.

Dr. J. L. West called and testified as follows:

My title is not superintendent.

Examination conducted by Mr. Snyder, chairman.

Q. How are your supplies obtained?

A. By bids; there are no supplies obtained except obtained in that way.

Q. Do you advertise them?

A. We advertise annually and under the advertisement we specify that the bids will be received quarterly. We get bids in every quarter and the supplies as we want them.

Q. Have you someone who inspects the supplies to ascertain whether they conform to the bids under which they were obtained, both as to quality and quantity?

A. The bids that are made are based on the standards we have there. We have a storekeeper who examines the goods when they come in there; and if he is not satisfied with the quality, the assistant steward and myself help him; and when we are not capable of judging of the quality we call in an outside merchant to help him and give our opinion.

Q. What is the average proportion numerically of your attendants to the number of your inmates?

A. About eight to one, in the neighborhood of eight.

Q. What are the requirements of admission under the existing law for a patient in your institution?

A. The same as has been mentioned by other superintendents.

Q. What is the source of your water supply for drinking purposes?

A. We have an ample supply furnished from artesian wells and a reservoir.

Q. Is it pure water?

A. Yes, sir.

Q. Is it filtered?

A. No, sir; we have it so constructed that in case it is necessary we can empty one side and clean it out.

Q. How are your buildings heated?

A. By a steam central plant.

Q. Have you ventilation?

A. Modern methods of ventilation by heating flues and stacks for drawing out foul air.

Q. Who employs the attendants?

A. The doctors on either side: Dr. Richardson on the male side and Dr. Wolfe on the female side.

Q. Who discharges them?

Q. They employ them and discharge them.

Q. Do you think that a system of supplies from some central source would be of advantage over the present system?

A. I don't think it would be any advantage in our case. We have a large institution and it is located near central territory for a good supply of provisions.

Q. How are your buildings lighted?

A. By electric light.

Q. Has ample protection been made for proper insulating and protection from fires?

A. We have used all precautions and the best materials in the construction of our plant to make it as safe as possible.

Q. How many patients have you at the present time in your institution?

A. About 2,150.

Q. What is the capacity of your institution?

A. About 1,500.

Q. Do you think it would be an advantage to enlarge the present institution or erect additional asylums at other points, both as to the comfort of the patient and also as to the expense?

A. It would cost less to maintain them where there are a larger number together and give additional buildings for better classification.

Q. How often do the Committee on Lunacy and the Board of Public Charities visit your institution?

A. I can't tell you that but not very often. The doctors can tell that better than I can.

Q. Have you any suggestions or recommendations to make with regard to the treatment of the indigent insane, do you think the present laws are sufficient?

A. I think so, as far as I know, I think they are sufficient to protect the State.

Q. What provision has been made in case of the outbreak of any contagious or infectious disease?

A. We have no regular hospital; we have a small building in the grove that we fitted up when the small-pox epidemic broke out but we had no occasion to use it. We have several small buildings on the grounds that can be used.

Q. Have you any contagious diseases there now?

A. No, sir; I think not.

Q. What is your system of religious observance there?

A. Every Sunday afternoon and Wednesday evenings we have services in the chapel.

Mr. Snyder. Has any member of the committee any questions to ask?

Q. (By Mr. Sproul.) What did it cost to maintain the insane, per capita, at Norristown last year?

A. Three dollars and thirty-eight cents.

Q. That would appear to prove an advantage to the State, where there are so many together and it must be from having a greater number together that it was as low as that?

A. Yes, sir; that is higher than the last year. That is due to repairs and higher prices paid for provisions.

Q. (By Mr. Snyder.) Have you any suggestions or recommendations that you can offer that would be of advantage to our present laws or the management of the insane hospitals of the State?

A. I don't feel prepared to offer anything at the present time.

Mr. Snyder. Dr. Richardson is now present and I call upon him.

Dr. David D. Richardson called and testified as follows:

Examination conducted by Mr. Snyder, chairman.

Q. Is there sufficient attention paid to the ventilation of the living and sleeping apartments in your hospital?

A. Yes, sir; with the present system I think there is.

Q. Are there any women managers of your institution?

A. No, sir.

Q. Do you think it would be any advantage to have any board of directors composed of women?

A. That is an unfair question to ask because I am a woman's man. A good woman might do a great deal of good. She would have to be selected with a great deal of care.

Q. How many visits has the Board of Charities made to your institution in the last year?

A. They come up pretty often; Dr. Wetherill comes up frequently. We have sent for him and I guess there is not a month we don't see him; and Mr. Biddle comes in a number of times and goes around through the wards.

Q. Any other members with him?

A. Sometimes; and sometimes he is alone.

Q. What are your rules governing absentees among the attendants?

A. Do you mean the time they are allowed to be away?

Q. Yes, sir.

A. They are allowed to be away every other Sunday and part of a day and afternoon and every other night they are out about the hospital grounds from 7 o'clock until 10 when it is not their night on duty.

Q. What is your regulation in reference to inmates writing letters to their friends or relatives?

A. It is strictly in accord with the law; we examine the letters unless we know the patient thoroughly, yet some of my patients I would trust as well as myself. I don't examine them if a letter is

addressed to a lawyer or judge or a member of the Lunacy Committee or a member of the Board of Charities; we let them go and dare not stop them.

Q. Do you know of any inmates of your institution with reference to whom you or your medical faculty entertain any doubts as to actual insanity?

A. No, sir.

Q. Have you any suggestions or recommendations to make with regard to the laws governing the admission of inmates?

A. No, sir; the law is a good law.

Q. Have you noted any abuses which have occurred under the existing system of admission?

A. No, sir.

Q. Is the line of demarcation tightly drawn between the male and female inmates, as to social life?

A. Yes, sir; very.

Q. What formula is adopted to obtain the discharge of a patient?

A. If a patient is restored the doctor in charge may discharge. If he is not restored his case is referred to the Lunacy Committee and he gets their consent; and if a criminal or convict he must be discharged through the Lunacy Committee, through court, if it is a case committed on petition as most are from Philadelphia. If committed by court we are allowed to discharge those if we think they are well.

Q. Your provision for an outbreak of a contagious or infectious disease, is that ample?

A. We have no provision. The trustees had a building arranged in case of an outbreak of small-pox but we had no occasion to use it. However, we had two cases of mild varioloid and they were sent by our medical board of health to the board of health of Norristown. If they would not have been provided with attendants, just as good as in the hospital, they would have been treated at the hospital by providing tents or something of that kind.

Q. What are the rules regulating the transfer of patients from your institution to that of any particular county?

A. You mean if the patient is a citizen of Delaware how he would get to us?

Q. No, sir; to transfer a patient from your institution to one of the counties?

A. We would report that to the Committee on Lunacy but if a trustee would bring a patient there we could not prevent his going with him. The trustees pay the board and expenses and the persons who pay the board and expenses have a right to withdraw their patients.

Q. Suppose the Chester county poor directors would want to withdraw a patient, in that case how would it be done?

A. That is all done in the board; the list is sent to the Committee on Lunacy and they act upon it.

Q. They write out a transfer permit and make a request for certain patients, or all patients?

A. Yes, sir; we have a cople of convicts from Chester county that we still hold. They sent one to us after they erected their hospital. We hold those by their permission; they don't want them.

Q. How many have been transferred from the Norristown hospital to the Chester hospital?

A. Somewhere about sixty; I couldn't tell you without looking at the record.

Q. Do you believe that a system of civil service principles for the employment of attendants would be an advantage, or is the present system a good one?

A. I think the present system is a good one. We take men on trial and if they are not fit we so state it to them and they go away.

Q. The superintendent, steward and matron are appointed by the board of directors?

A. Yes, sir.

Q. How often do the directors visit your institution?

A. They have a regular meeting every month and a regular meeting between the regular meeting of an executive committee of the directors, and some of the committee is there every day.

Q. And a portion of the executive committee is there every week?

A. I can't say that; some of them may live quite a distance away but they are there regularly twice in a month and come sometimes in between those times. There is no regularity about that.

Mr. Snyder, Chairman. Has any member of the committee any questions to ask?

Q. (By Mr. Sproul.) Do I understand you to say that if a director of the poor would come there and desire a patient he has a right to withdraw his patient?

A. Suppose a man has a patient there and he is anxious to have that patient to go home, and if he is not a convict or criminal I could send him on what we call a parole of a month and require a report from him and if it was reported at the end of two months that it was for the advantage of the patient to be discharged he is discharged, but this discharge must go through the Lunacy Committee.

Q. That is, the poor directors cannot come there and arbitrarily withdraw a patient?

A. No, sir; I have never known a case where there was an objection, where we allowed them to go on trial.

Q. (By Mr. McClain.) Is insanity on the increase?

A. I think it is.

Q. What cause do you assign for that increase?

A. It is hard to tell that; the cause that would affect one man would not affect another. That man who died a few days ago was in the habit of drinking a quart of whiskey every night and then there was a man who drank a quart and did not die.

Q. You know of no particular cause?

A. No, sir; hard times, intemperance and other excessive diseases in patients and diseases transmitted through hereditary taints to patients, are some of the very common causes of insanity.

Q. So is intemperance a cause of imbecility?

A. Yes, sir.

Q. They are not new causes?

A. No, sir; I don't know that there are any new causes.

Q. (By Mr. Sproul.) Don't you think that the increase in the number of people living in the city is undoubtedly responsible for it on account of the strain of city life?

A. Yes, sir; I think so. We have more coming from the Philadelphia district and some others of that character due to that cause.

Q. (By Mr. McClain.) Do not the statistics prove that insanity is increasing more rapidly in proportion to the increase of the population?

A. I don't dispute that. Everything is getting higher and it costs more to live and life is becoming a more strenuous effort.

Q. (By Mr. Bliss.) Does the State Board of Charities or the Committee on Lunacy exercise any control or authority over the Norristown institution?

A. No, sir; not any more than elsewhere.

Q. As a matter of fact they do not assume any?

A. I would not say that; we can't discharge a man without their consent and can't discharge a criminal without it going through court. We have no authority over people who are restored mentally.

Q. As I understand the local board has entire control?

A. The local board does not conflict with Committee on Lunacy nor the committee of the Board of Charities. The local Board manages everything.

Q. In your judgment wouldn't it be better to have a single central board of charities as a board of control, such as exists in some other states?

A. I don't know as it would. The institutions that I know get

along so well that I can't conceive how they could get along any better.

Q. Do you think it would be any better in having uniformity for their government and thus placing the management in the nature of some well defined system, instead of allowing each institution to make its own rules and regulations?

A. I can't say about that, but I think the plan we have in operation has worked so well that I have never studied any other. I think that our hospital is a peculiar hospital, it is peculiarly managed; there are two departments, one for men and one for women and both managed by one local board.

Q. You think the uniformity plan would be all right provided the Norristown system was adopted?

A. No, sir; I don't mean to say that.

Q. It seems that each one has the idea that its system is the best?

A. No, sir; I don't think so. I know hospitals that I don't think their system is half as good. We have just two committees at our hospital and are not encumbered with so many committees. The doctors have nothing to do with anything in connection with the running expenses of the institution as a part of their work; the only thing I know of the expense is the price of a postage stamp. Our work is professional and we have nothing to do with the management; that is done by Mr. John West and his assistants.

Q. If you could take advantage of other hospitals doing the same kind of work in the same state, would it not be beneficial to take advantage of the experience of other hospitals?

A. I don't know except what I have stated here.

Q. Don't you think it would be wiser to have all the insane asylums of the State under such central control so that the experience of one may be taken advantage of in the other institutions?

A. It is not intended that our physicians shall know anything about it. The trustees employ us and tell us that we are to take care of our patients. We have eleven teamsters in connection with our institution and I don't know who they are and I don't care. My instructions were given to me by the trustees, that I was to take care of the patients.

Q. You have so many patients that it would be impossible to get to other hospitals?

A. No, sir; I believe that a hospital can manage five thousand patients if there are a few more attendants and clerks.

Q. Then your judgment is that it would be best to enlarge the present hospitals rather than to build additional hospitals?

A. That is decidedly my judgment; I have always held that.

Q. Explain to us the basis of that judgment?

A. In an economical view it would be the better plan and it would be better for the patients; and in that way we can afford to have better amusements, better diet, more extended grounds and hence patients be taken out more, more attendants and all the advantages I look at, seems to me, would be in favor of extending the present hospitals.

Q. Wouldn't you be required to have the same number of attendants per patient as you have now?

A. One to ten.

Q. There would be no saving in that?

A. There would be more attendants, all told, and the means of diverting the patients would be greater, we have certain means of conducting our patients, one word in regard to that: The male attendants dance with the female patients and the female attendants dance with the male patients, so that the male and female patients do not dance together.

Q. Who has supervision over these attendants while on duty?

A. I have general supervision over them.

Q. And you think if you had five thousand patients there and a requisite number of attendants and assistants you could manage it as well as you can one thousand?

A. No general pretends to supervise all the army; first under me is the supervisor, under him is the captain and under him is the lieutenants, and if there is complaint and it can be settled before it comes to him it is settled and if not it comes to me.

Q. Do you think that a general superintendent who has in his charge the care of the hopelessly insane is able to manage five thousand patients and at the same time take care of the lieutenants and captains?

A. Yes, sir; he has medical men who are in contact with him every day and take three meals a day and sleep within call.

Q. Isn't there great abuse committed, due to the fact that the authority is divided, and here and there some unworthy person will slip in and will not that increase as the number of patients increase?

A. I believe that a doctor's head is about as good as a military man's head and why shouldn't he manage just as many patients. It is not expected of a superintendent that he should go and shake hands with every one and say something nice every day.

Q. How many insane soldiers do you think a general could command?

A. They are not as hard to manage as some of the soldiers.

Q. How many insane soldiers could an officer manage and compel to obey him?

A. It depends altogether on what you mean by management; a doctor does not force the patients, a nurse does that.

Q. Carrying out that idea and taking an army of five thousand persons, having an officer, a number of lieutenants and captains, is it your opinion that an army could be taken care of as well as an army of one thousand persons?

A. If a general knows his work and has proper men under him and has a proper system I don't see why he should not be able to do so.

Q. Isn't it your judgment that an asylum containing two thousand, or five thousand, that the number of curable cases would not be as great as an asylum containing one thousand?

A. I don't see how that could be, if you exclude such cases as are placed in Kirkbride's from the hospitals of the State. Ordinarily at Norristown our trustees require us to admit every one who comes with proper papers and our idea is that we can do better than they can do outside and better than in the larger hospitals in the city where there are more of the hopeless class. What they need is good fresh air and good nourishing food. Of course, the doctor does not go over the whole field because if he did he would not need his assistants. It depends on how he trains them and what he requires of them.

Q. Do you think there ought to be a separate hospital for the criminal insane?

A. My opinion is not to be; I think they ought to be treated. That class of people seldom ever get well.

Q. How about the man who has been acquitted of some crime on the ground of insanity?

A. I suppose you mean one who has committed a murder?

Q. Where should he be confined?

A. I mean this, I suggest this as a make-shift: I believe that if the State would consent to it, it would be to have some large hospital in the central part of the State for the convict insane; I believe that would be better, but in the emergency I think that wards ought to be put up for these people in connection with the penitentiary. We had a case in point at Norristown. A man by the name of Kew committed two murders and was committed to the penitentiary for life and some man in Philadelphia had him at Norristown. I say let him die there and not commit him with better people. I think something ought to be done right away.

Q. Can you give the commission any idea as to how many men of this character there are in this State?

A. Probably two hundred or two hundred and fifty; but the hospital could be built for three hundred and more if necessary.

Q. What is your judgment of the working of this county system?

A. I don't know much about the working of it; but I believe the county plan is proper if properly conducted, but I don't believe it is if it has a doctor to drive around and say, how are you, and that is what it will grow into.

Q. Wouldn't that work all right if it was under the charge and control of a central board?

A. I don't see how a central board could supply the deficiency of an absent doctor or somebody to look after these people. This State was in a deplorable condition before the State Board on Lunacy began to put it into proper shape. Men were chained down with chain and bolt and chained in outbuildings and other such conduct we used to hear of before the inauguration of these committees. If you have a good hospital and have some person of character and ability to look after the insane in these counties, where they are placed under their charge, it may be very well.

Q. (By Mr. Snyder.) Is there any amendment to be made in our present law that, in your judgment, would be beneficial?

A. I don't know except with reference to that law which allows a man to commit himself; the law allows him to commit himself for thirty days and does not provide for his expenses and in consequence oftentimes we cannot admit them because they have not the means to pay. I have had a number of cases where they come and state that they believed they were going insane and desired to be admitted.

Q. (By Mr. Hall.) Have you visited any of the county asylums?

A. I have been to the Chester county institution once. We have reports from there through the Committee on Lunacy and the Board of Charities. The secretary told me that the hospital was doing very well and there was nothing to complain of.

Q. That is in such cases where they could have the same care and supervision as at the State hospitals?

A. Yes, sir; that is the meaning of the act.

Q. And you think the meaning and intention of the act is being carried out?

A. I have no means of knowing that. I know that Dr. Baker is a good woman and good doctor, and I haven't the least doubt but that she is doing it all right.

Q. What communications do you regard as privileged between patients and persons outside?

A. A letter addressed to a lawyer or Committee on Lunacy or Board of Public Charities or judge, district attorney, and letters which are not fit to go out, those letters have to be sent to the Committee on Lunacy.

Q. You have no right to interfere with the letters addressed to the persons you have mentioned?

A. No, sir; we put the stamp on it and send it out.

Q. Is that provided by law?

A. Yes, sir.

Q. I see here in the rules and regulations of the Committee on Lunacy, ordained by the Board of Public Charities, with consent of the Chief Justice of the Supreme Court and the Attorney General of the Commonwealth of Pennsylvania, that "Every letter written, not oftener than once a month, by any patient, in any house, or place, subject to the provisions of the lunacy law and addressed to any member of the Committee on Lunacy, or to their secretary, shall be forwarded forthwith, unopened and without inspection."

"Every letter written by a patient in any such house, or place, and addressed to any person, other than the Committee on Lunacy, or their Secretary, shall be forthwith forwarded to the person to whom it is addressed, unless the superintendent, proprietor or manager of such house, or place shall, for sufficient reasons, prohibit the forwarding of such letter, in which case he shall, by endorsement to that effect, under his hand, on the letter give his reasons therefor; and he shall lay every such letter before the visiting member or members of the Committee on Lunacy or their secretary, as the case may be, on their next visit."

A. Yes, sir; that is carried out.

Q. Does that give you the power to keep any kind of letter from going out?

A. If it is an improper letter.

Q. It says: "Every letter written by a patient in any such house, or place, and addressed to any person, other than the Committee on Lunacy, or their secretary, shall be forthwith forwarded to the person to whom it is addressed, unless the superintendent, proprietor or manager of such house, or place, shall for sufficient reason, prohibit the forwarding of such letter." Could you, under that, prohibit the forwarding of a letter to a judge?

A. No, sir; I would not attempt to do it. A letter addressed to a lawyer, by a patient, or to a judge or Committee on Lunacy or district attorney, would go.

Q. Literally, that would give you the power to stop any communication?

A. I don't take any advantage of that.

Q. I suppose if there was an indecent or abusive letter addressed to a judge you would stop it?

A. I would not open a letter addressed to any of the parties named and therefore would not see the contents of the letters to

those parties in order to see whether they are fit to go out or not because I don't know what it is unless I read it. I consider that it is not any of my business to know the contents of the letter addressed to the county officials, the judge, the district attorney, the Committee on Lunacy.

Q. Have you ever known of a person committed to an insane asylum on the certificate of two physicians as being insane, who was not insane?

A. I know of persons who were committed to prison, thought to be insane, who were not insane; a man sent to the penitentiary for five years, properly certified to from Moyamensing, as being insane and not insane. There was no reason why the doctor should do that except he thought he was insane.

Q. Is it not difficult sometimes to determine a man's insanity?

A. Yes, sir; but sometimes a man overplays his part; that is the very thing that criminals are apt to do.

Q. That is, the difficulties are that people wish to make it appear they were insane rather than that they are insane?

A. Yes, sir.

Mr. Hall. The reason I ask these questions is, because a number of letters have been addressed to me stating that a number of people were in the asylums who were not insane.

Q. (By Mr. Marshall.) How many of the asylums of the State have you visited?

A. I have never been to Dixmont; I have been to Danville and I assisted in organizing the Warren State Hospital. Dr. Guth, who was on the stand, went with me to Warren and we organized the institution.

Dr. Mary Wolfe, of the Norristown State Hospital, called and testified as follows:

Examination conducted by Mr. Snyder, chairman.

Q. Have you any suggestions to offer to improve the quality of the food supply, or improve the purity of the water supply in your institution?

A. No, sir; I think our food on the whole is very good and also our water supply.

Q. There are no women managers in your institution?

A. No, sir.

Q. Do you think they would be an advantage?

A. I hardly know. I do know that in Massachusetts and some of the other states they have tried that system and it has been claimed to be a success. There is nothing of that kind in Pennsylvania, and I would not know what to say.

Q. How many nurses, according to the number of patients have you in your institution?

A. We have about one to ten.

Q. The restrictions, in reference to letters in your institution, is about as Dr. Richardson has stated?

A. Yes, sir.

Q. The same practice is observed in your department as in the male department?

A. Yes, sir.

Q. How many times has the Committee on Lunacy and the Board of Charities visited your department?

A. Dr. Wetherill has been once to the hospital, about once in six months, two or three times a year. The secretary of the Board of Charities has been at the hospital, but I do not always see him when he comes, but I understand he comes more than once a year.

Q. He does not always come to your department when he visits your institution?

A. No, sir.

Q. Have you any suggestions or recommendations to make with regard to the laws governing the admission of inmates?

A. I have not. The only trouble I have had is with reference to the commitment papers because sometimes I cannot get as good a history of the patient as I would wish. On account of the form they cannot make it very long and necessarily it is very short and one cannot get it from the patient.

Q. What form have you for the discharge of a patient?

A. Just as Dr. Richardson has stated it.

Q. It is the same in your department as in the male department?

A. Yes, sir.

Q. What is your judgment as to the enlarging of the Norristown asylum, with reference to putting up more buildings, or the establishment of other asylums in other parts of the State?

A. I don't know that my judgment would be a fair one, because I know very little of the other asylums, except as I have visited them; of course you cannot always get a true idea of them in that way. But as far as economy is concerned, I think it would be more economical to have the hospital enlarged, but, on the other hand, the question comes in as to whether the patients come in contact with the physicians in a larger institution in the way they should. It is something that I would not want to state one way or the other to you.

Q. Have you any suggestions to offer that would improve our present laws in reference to the care and commitment of the insane?

A. Well, I sometimes think that maybe, medically, we do not do all that we might do for the patient. I think we do all we can under the existing circumstances but sometimes I think we do not do all that we could do in the way of treating the patients, the same as we would if outside in giving them all the advantages they would have in a general hospital. It is still an open question how much the bodily ailment of patients has to do with their mental condition. I know that our Norristown hospital is not equipped in every way to give them a cure in every case in that way.

Q. How many patients have you in your department?

A. Eleven hundred and twenty-one.

Q. How many should there be?

A. I believe we have air space for eight hundred and seventy-four. In addition to that we have to consider that we have attendants who have to live there also and there are one hundred and thirty-five of them.

Q. Are you prepared in case of an outbreak of fire?

A. Yes, sir; we have hose in each one of the sections and in addition to that we have a system of fire buckets we use, and we have slate stairways which lead to the ground and have certain rules that the attendants are supposed to obey in taking patients out of the building.

Q. What provision have you in case of the outbreak of any contagious or infectious disease?

A. Well, we have such places that could be occupied very quickly in case it should occur.

Q. (By Mr. Sproul.) With reference to your stating that it might be advantageous for the enlargement of the hospital, rather than to build others in other parts of the State, I suppose you mean that the funds available might be larger and better facilities might be provided in the larger hospital?

A. Yes, sir; and in addition to that more modern medical care might be given. We have a hospital at Norristown containing about twenty two hundred people and with that we have no modern operating room to take advantage of the advance in surgery.

Q. You need better facilities then?

A. Yes, sir.

Q. Have you an ample number of attending physicians?

A. That is for the trustees to decide. I have nothing to do with that.

Q. In your judgment?

A. I think we ought to have more.

Mr. Snyder. I have received a telegram from Dr. Hill, of the State Hospital for the Chronic Insane at Wernersville, stating that he is unable to be present with the commission on account of illness in the family.

Mr. Snyder. The next in order is the State Institution for Feeble-Minded of Western Pennsylvania, located at Polk, Pa. J. M. Murdoch, M. D., superintendent.

Dr. J. M. Murdoch called and testifies as follows:

Examination conducted by Mr. Snyder, chairman.

Q. What has been the result of the industrial training of your patients with regard to the raising of stock, farm labor and different kinds of work?

A. I would say that the institution of which I am superintendent is a training school for feeble-minded children or institution for feeble-minded children. In it we have two classes of children; we call them all feeble. Those who are susceptible of improvement under training and those for whom little can be done but who require special custodial care and those who require no such care and many of them may be made useful in farming, stock raising, raising of small fruits and in various industrial ways we find that the feeble-minded can be employed in industries and governed and by so doing they can reduce the cost of their maintenance and they are happier and less burdensome on others and less expensive to care for by being profitably employed.

Q. What is the average proportion numerically of your attendants to the number of your inmates?

A. About one to twenty-five.

Q. What is the source of your water supply for drinking purposes?

A. We have some very excellent springs which are on an elevation of about two hundred feet above the buildings and they supply from three to four hundred gallons of water a day which is ample. This comes through the buildings by gravity.

Q. What provision has been made for the sewage of your institu-

A. Our sewerage is to the creek, Sandy creek, which is polluted by sulphur by coal mines, so that the contamination of the stream is not of importance.

Q. How many visits have the managers of your institution paid to it during the last year?

A. We have a board of nine trustees who hold monthly meetings but between the meetings some of the trustees go through the institution, and in case I wish to consult with them I am in constant telephone connection with them.

Q. How are your buildings lighted?

A. They are lighted by electric light and heated by steam, direct and indirect.

Q. How many patients have you in your institution?

A. Eight hundred and fifteen.

Q. What is your capacity?

A. Six hundred.

Q. Are some of them private patients?

A. Yes, the number of private patients is comparatively small.

Q. What do you receive a week, per capita, for their care?

A. We receive \$3.50 a week.

Q. Do you make any distinction, in rates, between the private patients and the indigent insane?

A. We make no distinction between the private and the indigent patients and the charge is the same, \$3.50.

Q. The public patients, are they charged for their clothing?

A. Yes, sir; or furnished by their relatives or the poor district from which they come and that is in addition to the \$3.50.

Q. How often has the Committee on Lunacy and the Board of Public Charities visited your institution during the last year?

A. The Committee on Lunacy visit us twice a year and last year members of the Board of Charity have been at our institution three times. About two weeks ago we were visited by Mr. Torrence, Mr. King and Mr. Boyle, three members.

Q. How are your supplies obtained?

A. By contract through bids.

Q. How often?

A. Quarterly.

Q. Have you some one to inspect the quality in order to ascertain whether it conforms to the stipulations under which it is obtained?

A. I do that myself and also the steward. I leave that to the steward, if there is anything questionable about the character of it, he refers it to me.

Q. Are the patients happier and do they seem to improve more rapidly when thus employed at the different industrial works you have there?

A. Undoubtedly so.

Q. What compulsion do you use, if any, to obtain their services?

A. No compulsion; we use moral persuasion.

Q. Does that always answer the question?

A. We find that the feeble-minded are very easy to get along with, with little kindness and little flattery. They enjoy work and feel that it is a privilege to be allowed to do so. Give a boy charge of a team of horses and he takes great pride in it.

Q. Are they governed by any strict rules?

A. They are allowed a great deal of freedom and of course governed by strict rules.

Q. What is the formula for the admission of inmates in your institution?

A. It is necessary, if the parents are living, for the father to make application, giving answers to a list of questions we have on a blank, in regard to the history of the case and the antecedent. This must be sworn to before a magistrate. The physician must swear that the child is of feeble mind and on account of his mind is unsuitable to obtain an education in the common schools of the State.

Q. Have you one of those blanks with you?

A. No, sir.

Q. Will you kindly mail one to the secretary?

A. Yes, sir; I might say further, in the case of admission, the law says that inmates may be admitted under the same system that governs the admission of patients into the State hospitals for the insane. In the case of adults we require a certificate of two physicians, who are in good standing and have been in practice for five years and make an oath before a justice of the peace.

Q. Who has the hiring and discharging of the attendants?

A. I have.

Q. How often do the board of directors meet in your institution?

A. Monthly.

Q. Are there a portion of them who come more than that?

A. Yes, sir, the regular meeting is held on the second Tuesday of every month.

Q. Have you any suggestions to offer as an amendment to our present laws concerning these institutions?

A. Nothing, unless it would be in the way of providing additional accommodations. I have a recommendation in that direction.

Q. Have you any record you wish to file?

A. Yes, sir; I have a statement here (produced and handed to the secretary).

Mr. Snyder. Has any member of the committee any question to ask?

Q. (By Mr. Hall.) You stated the number to be what in your institution?

A. Eight hundred and sixteen.

Q. Which is more than the accommodation provides for?

A. Yes, sir; quite a little more.

Q. Is there any age limit for the admission of inmates to your institution?

A. No, sir.

Q. Is there a separate place in the institution for the treatment of the feeble-minded of different ages?

A. Yes, sir; I would say, however, the ordinary children, in connection with the feeble-minded, does not signify the age. A feeble-minded person is always a child and it is common to speak of them as children.

Q. You have none there in any ways dangerous?

A. We have no insane.

Q. Just quiet and tractive?

A. Yes, sir; they must have been feeble-minded from infancy, only idiots and imbeciles. In the term feeble-minded is included idiots and imbeciles, it being a less harsh term for parents and relatives.

Q. You would advise the enlargement of the institution?

A. Yes, sir; I certainly would. I would advise the erection of buildings, one for the improvable and another as a custodial department for the unimprovable. The building commission had admirable plans drawn for the erection of an educational and custodial department but they were only able to erect the educational or training building and we are now taking care of these lower grade children in the training school and we should have a special department for them.

Q. That has been in existence for how many years?

A. Since the act passed; it has been open about six years.

Q. Where do the children come from?

A. The first children were received from Elwyn, in the eastern part of the State, one hundred and fifty children. They were children who had been sent there from the western part of the State, and large numbers were received from the various county homes and there are a number who are brought direct from their own homes.

Adjourned at 12.45 P. M., to meet at 2.30 P. M. •

AFTERNOON SESSION.

Met pursuant to adjournment.

Mr. Snyder, Chairman. The next in order are the county institutions, the first on the list being the Adams County Almshouse, Gettysburg.

There being no response, the next on the list is the Allegheny City Home and Hospital for the Insane, at Allegheny, Pa.

There being no response the next on the list is the Allegheny County Home at Woodville, S. W. Lea, superintendent.

Dr. Strodes. Our superintendent, Dr. Lea, will not be present. He requested me to come and represent him.

Dr. G. L. Strodes testifies as follows:

Examination conducted by Mr. Snyder.

Q. You are a physician in the Allegheny County Home, located at Woodville?

A. Yes, sir.

Q. How many patients have you?

A. Three hundred and forty-nine.

Q. They are all charity patients?

A. Yes, sir.

Q. Do you recollect about what the cost of maintenance is for those patients per week?

A. Our last annual report shows \$2.32.

Q. What provision have you in case of fire?

A. Well, our building is one of the modern fire proof buildings. We have also a connection with the main pipes of the Chartiers Water Company and fire plugs throughout the building.

Q. Have you any fire escapes?

A. We have no fire escapes; our building is only two stories in height.

Q. What provision has been made in case of the outbreak of any contagious or infectious disease?

A. We have a number of temporary buildings at present outside to be used for that purpose but they are still building to our building.

Q. Have you had any infectious or contagious diseases there recently?

A. No, sir.

Q. What is the average proportion, numerically, of your attendants to the number of your inmates?

A. About one to ten.

Q. You have patients there all the time?

A. Yes, sir; there are two there all the time.

Q. Has there been any inmates of any State institution transferred to your institution recently or any transferred from any county institution to your institution?

A. At the time our building was first occupied, on October 1, 1900, there was quite a number transferred from Dixmont to our institution.

Q. How often does the Board of Charities visit your institution?

A. About two or three times a year and the local members of the Board of Charity are there quite frequently.

Q. What is the formula for the admission of patients to your institution, what do you require of the patients brought there?

A. An examination by two physicians and on their certificate; it is done in accordance with the regulation for the admission of patients.

Q. What do you require for the discharge of patients?

A. It is the same for the discharge of patients and is reported to the board.

Q. Do you not believe that so far as it is possible the application of correct civil services principles for the employment in the various hospitals would be beneficial?

A. I don't see how it could be.

Q. Have you any suggestions or recommendations to offer in reference to any amendments to our present laws that would be beneficial?

A. The only thing I thought of in regard to the admission of a person to an institution like ours was, I think it would be well to amend the law so that a certificate of insanity, with the oath of the physicians, could be taken by a notary public as well as by a magistrate or justice of the peace. It is not so now.

Q. (By Mr. Hall.) That would be largely a matter of convenience?

A. Yes, sir; it is almost a necessity. Under the present law it cannot be done but it very frequently happens that cases are admitted from the country districts and they must be provided for promptly and at or near all these institutions they have a notary public and he could do that there and thus at times save a great deal of inconvenience and bring about a more prompt action in the case. There does not seem to be any reason why it should not be so.

Mr. Snyder. Has any member of the committee any questions to ask?

Q. (By Mr. Hall.) What year was your institution opened?

A. On October 1, 1900.

Q. It was built especially for the insane?

A. Yes, sir.

Q. In close proximity in its arrangement and equipment to an asylum?

A. Yes, it is in close proximity to that.

Q. It was intended for the insane exclusively?

A. Yes, sir.

Q. And was built looking to their care?

A. Yes, sir.

Q. Does it seem to answer the purpose?

A. Yes, sir.

Q. It is really just a smaller asylum for the insane?

A. Yes, it was built with the idea of accommodating four hundred and with plans that it could be enlarged as it was needed.

Q. You have physicians there all the time?

A. Yes, sir; they live there and I live right in the building.

Q. And of course there are attendants or nurses among them all the time?

A. Yes, sir; we have male and female nurses and attendants.

Q. Of course the sexes are separate?

A. Entirely so.

Mr. Snyder, Chairman. The next in order is the Blair County Home for the Insane, Hollidaysburg, Pa.

P. H. Brindenbaugh called and testifies as follows:

Q. You are the Superintendent of the Blair County Home for the Insane, at Hollidaysburg?

A. Yes, sir.

Q. Is this institution built as an insane hospital and always used for that purpose?

A. It was not built primarily for an insane institution; it was put up in 1892 and finished in 1893, and was built in accordance with modern plans. We commenced to keep insane inmates in it in 1893 at the request of the State Board of Charities.

Q. How many patients have you at this time?

A. Ninety-eight.

Q. What is the cost per capita for the maintenance of the patients?

A. I can answer that question in two ways; now if you want to know that cost to the county I can give it to you in that way.

Q. They are all free patients?

A. They are all indigent patients but the net cost to the county is a different thing to the cost per capita.

Q. What does it cost you in the insane department?

A. Last year it run about \$2.16 per week.

Q. That does not include the paupers in the other department?

A. That is the general average of the institution.

Q. You have not figured it just what the insane cost per capita?

A. No, sir; the insane would not cost as much. In figuring out that we require more attention to the insane than the others, but we have a large farm and everything of that kind and now our per capita is less than it would be in the city where we would have to buy everything.

Q. What provision has been made in case of an outbreak of any contagious or infectious disease?

A. We haven't any separate building at the present time with the exception of a small farm house with four small rooms in it, which has been used for some years, but yesterday our board of directors adopted plans for a contagious disease hospital which has been the subject of considerable thought on the part of our people for the last year, and it is to cost from six to eight thousand dollars.

Q. How many nurses have you in attendance to the number of your patients?

A. Well, we have two female attendants, one is a professional nurse for the female department and she is there all the time. There are two others who assist at meal time and other times when needed and we also have others there to fill the position of seamstresses and in the laundry.

Q. Have you a physician there all the time?

A. No, sir.

Q. How near does the physician live to your asylum?

A. About a mile and a quarter; we have a telephone to his house and office.

Q. Where do you obtain your water supply?

A. We obtain our water supply from the mountains. If you have ever crossed from Altoona, around the horse shoe bend, or near the tunnel is a large spring.

Q. How about your sewage?

A. I might also add with reference to our water supply, that our system of water supply is brought from two springs about three miles and a half away by gravity and we have two large storage reservoirs, more particularly for fire. We have an 8-inch sewer running into the Juniata river.

Q. What protection have you in case of fire; have you any fire escape?

A. Yes, sir; I brought with me a photograph showing two rear views of the building and it shows the fire escapes. This is the front view (producing photograph). Those are good iron stairways (pointing) and perfectly safe.

Q. (By Mr. Hall.) They are just two story buildings?

A. Yes, sir.

Q. (By Mr. Snyder.) Your food supply is furnished through your directors of the poor?

A. Yes, sir; our base of supplies is right there. We have a large farm and do our own trucking and gardening and slaughter our own cattle. We also have a cold storage house and our base of food supply is excellent.

Q. Your formula for the admission of patients to your institution is about the same as has been explained by your predecessor?

A. Yes, sir; on the certificate of two physicians and order of the court.

Q. How often does the Board of Public Charities visit your institution?

A. The secretary of the Board of Charities, Mr. Biddle, makes one visit a year and the secretary of the Committee on Lunacy makes frequent visits.

Q. Is that Dr. Wetherill?

A. Yes, sir; his visits are lengthy.

Q. What is your method for the discharge of patients?

A. We have encouraged the system of parole very much in our institution. That is, we encourage it among the patients and their friends; I encourage their friends to take them out and try them when I think they are fit, and since 1898 we have dismissed, cured and improved fifty patients. I have the list with me.

Mr. Snyder. Is there any member of the committee who desires to ask any questions?

Q. (By Mr. Hall.) Have any of those returned that were dismissed?

A. Two out of the list.

Q. This building is some little distance from the other building, or is it a part of it? There is a group here but I can't distinguish them (referring to photograph).

A. The second story is set apart entirely for the insane and this passageway here is for bringing the female insane down to this dining room so they do not come in contact with those inmates in those corridors (referring to photograph.)

Q. It is a private almshouse?

A. Yes, sir; they have a separate dining room there; sleeping rooms and sick rooms are all separate but in that same building.

Q. They don't mingle with the other inmates at all?

A. No, sir; only in certain lines of work, in the laundry and sewing room.

Q. But not in a general way?

A. No, sir.

Q. Did you say that \$2.42 was the cost per capita per week?

A. This last year it averaged \$2.16; of course that is not the net cost. We have considerable receipts and it brings it down; that is exclusive of the State aid; take off the State and it brings it down per capita to a minimum. All the money we receive we pay into our county treasury, and draw all the money we expend on the county treasurer. The net cost to the county would only be about 91 cents per week. I have a report here explaining the matter in full which I will be glad to leave with you.

Q. (By Mr. Snyder.) Will you kindly file it with the secretary?

A. Yes, sir.

Q. Then your patients have different lines of employment?

A. Oh, yes; we employ all the male and female patients at various kinds of work; we employ the females at such work as in the laundry, sewing and dining room work and employ the men on the farm.

Q. Are they better off for having employment?

A. Very much better off and better behaved on account of it.

Q. (By Mr. Marshall.) Are they acute cases or chronic?

A. All kinds.

Q. (By Mr. Hall.) Have you some that are necessary to keep confined?

A. At times we have.

Q. (By Mr. Snyder.) Have you any patients from your county in any State institution?

A. Yes, sir; there are several on the list of the directors of the poor at the Harrisburg asylum and two at Warren.

Q. Are they violent cases?

A. Those cases at Harrisburg?

Q. Yes, sir.

A. Well, I don't know that they are; there is one that is a homicidal case and these cases are cases that their friends wanted kept there and they pay, that is, a majority of them pay the county \$1.75 a week for having them kept there and the directors of the poor did not insist on bringing them back.

Q. Couldn't you take as good care of violent patients as the State institutions do?

A. Well, I wouldn't say that we could take as good care of them,

but we had to do it not because we desired to but from the fact that we couldn't always get them admitted to the State institutions, and after keeping them there for a certain time they would quiet down. That has been our experience in nearly all those cases, not that we desired to keep them, because they were very annoying at times.

Q. How many males and how many females have you in your institution, of the insane?

A. I think we have three more males than females; they are pretty equally divided at the present time; that is, of the insane patients.

Mr. Snyder, Chairman. The next on the list is the Cumberland County Hospital for the Insane, at Carlisle, Pa., Francis Metzger, superintendent.

There being no response the next on the list is the Chester County Hospital for the Insane, Embreeville, Pa.

Dr. Jane R. Baker called and testified as follows:

Examination conducted by Mr. Snyder, chairman.

Q. You are the superintendent of the Chester County Hospital for the Insane at Embreeville?

A. Yes, sir.

Q. How many patients have you in the insane department?

A. One hundred and seventy-four and those out on visit.

Q. How many males and how many females?

A. I have 97 males and the rest females.

Q. How many attendants per capita?

A. I have just four patients over ten apiece.

Q. Has there been an estimate made, separate from the cost of keeping the paupers of the county, as to the cost?

A. Yes, sir; we keep the books separate. The cost last year was \$2.80 a week. That, I think, you could say was hardly the full cost because the teaming and hauling of coal and everything of that kind is done by the county home, but that we did not keep an account of.

Q. That which is raised on the farm, is that included?

A. Yes, sir; we get that at five per cent. below wholesale prices and that is so because the men work on the farm.

Q. As I understand, the two departments are kept entirely apart?

A. Yes, sir; three hundred yards apart.

Q. How about their accounts?

A. Everything is separate.

Q. What is the requirement for the admission of patients into your institution?

A. I have an application blank on which are about ten or fifteen questions which is sent to an applicant and as far as possible I never take any one who I can't find out something about before taking them. I write to people whom I know in the community from which they come, and so on.

Q. And it also requires a certificate from the directors of the poor?

A. You mean patients, I though you had reference to the attendants. The admission of the patients is practically the same as it is with the State hospital, in addition to having an order from the directors of the poor.

Q. You employ all the help, both male and female?

A. Yes, sir.

Q. Your supply of food is procured through the steward?

A. I make out once a month a requisition for dry goods and supplies and they are purchased by the steward with the assistance of one of the directors, and every day I make out a requisition for perishable goods and that is filled.

Q. What arrangements have you in case of an outbreak of fire?

A. We have chemical fire extinguishers; we have hose and fire escapes.

Q. On the outside of the building?

A. Yes, sir.

Q. What arrangements have you in case of epidemics?

A. The poorhouse was run for years and they have a stone building which was always used as a contagious ward and it has been used once since the insane have been there. That building was arranged so we could take care of the insane and this winter a pest house was built and both of them could be used at any time for the insane.

Q. What system have you in use for the discharge of patients?

A. The same as the State hospitals.

Q. You have a system of parol in certain cases?

A. Yes, sir; I have six patients now on parol, away from the institution.

Q. Is this institution as well provided to take care of violent patients as State institutions?

A. I have worked in two institutions and I consider that we are as well able to take care of them as those I worked in. There is only one exception, that is, in a hospital with two wards you are not as able to divide your patients as in a hospital with eight or nine wards; that is the only criticism I could make under that head.

Q. There are few patients from Chester county in any State hospital at this time?

A. We have one at Wernersville and two at Norristown.

Q. Why is one at Wernersville?

A. We have a father and son and the history is that when they are together it annoys them and the decision of the board was that they would not accommodate them at the same institution. The cases at Norristown are paid and it is preferable to care for them there instead of in a smaller institution.

Mr. Snyder. Has any member of the committee any questions to ask?

Q. (By Mr. Hall.) Was this building constructed especially for the insane?

A. Yes, sir.

Q. How long ago?

A. It was started on the 15th of March, 1900; opened at that time.

Q. Is it a frame building?

A. It is a fire proof building as far as it is possible to build one.

Q. You speak of being connected with other institutions. What other institutions were you connected with?

A. One in Massachusetts, one at Northfield.

Q. You say that this hospital, over which you are superintendent, was as suitable for the care of the insane as a larger one?

A. Yes, sir; of course very small institutions lack in some things that you get in a larger one and a small one also has some advantages that the larger ones do not have. You can give them more attention in a smaller one but not as much entertainment.

Q. Have you an assistant physician?

A. I have no assistant; I have two physicians, one a male and one a female, and one of them comes in the middle of the day and one will call later to see if anything is needed.

Q. You have about twenty nurses?

A. Yes, sir.

Q. (By Mr. Bliss.) How often does the Board of Charities visit your institution?

A. Dr. Wetherill has been there as often as twice a year and sometimes three times and a representative of the State Board of Charities once a year.

Q. What have you to say of the benefit of the State Board of Charities?

A. They have been very kind to me.

Q. It is rather an embarrassing question?

A. Yes, sir; when people have been very kind to you.

Q. (By Mr. Snyder.) What does the State Board of Charities attempt to examine when they visit your institution?

A. When he comes he goes all over the institution, went over my books, went over everything I was doing and I think made a pretty thorough investigation of the way I started and conducted the hospital. I felt that it was a very thorough examination.

Q. You have a system of employment for the inmates?

A. Yes, sir; I keep them just as busy as I can.

Q. And all who are able to attend to any kind of duties are assigned them?

A. They are encouraged to do them; we don't make any person do anything, but we try by encouragement and almost bribe them. I sometimes pay them when I want them to do something; it makes them feel like other persons.

Q. There are very few who are not able to take care of something?

A. Very few; I have sixty-five at present who are busy at something.

Q. Explain to the committee what they are doing.

A. The men are working on the farm doing everything that a man has to do on the farm, except handling the team, working in the garden, clearing up rubbish and doing every little thing we can find for them to do outside. The women are sewing, ironing and are making their own clothes and a good part of the men's clothes.

Q. (By Mr. McClain.) How many years experience have you had?

A. Ten years, all but about a month.

Q. In your opinion is it a better plan to maintain a large number in a large institution than to have a smaller number in a small institution, or do you think it is best to have them in a large institution, like at Norristown, where they have twenty-two hundred?

A. I don't know anything about that; I couldn't do that very well.

Q. In your opinion from which do you think the best results are obtained, in one large institution with 2,200 inmates, or two institutions with 1,100 each?

A. My experience has been, I was in an institution where there were five or six hundred and then I went to an institution where they had eleven hundred, and I consider that the best work was done where there were between five and six hundred. The difficulties we had with the larger number was not there and the difficulties that I had with the smaller number were not there, but I think the smaller one was the most successful.

Q. (By Mr. Hall.) You have 170 patients in your institution?

A. One hundred and seventy-four.

Q. How many require medical treatment, of course we know there are a great many who don't require it?

A. I think any person who is insane needs medical care, needs medical watching. For instance, I have them weighed every month; many of them I don't know what is the matter and weighing them I get a pretty good idea of their increase or decrease and in that way of their physical disease.

Q. How many patients who are insane are you able to see every day and prescribe for them?

A. I don't think they are well cared for unless I see them all every day. That is not very many, not after having eleven hundred.

Q. You had some assistants when you had that number?

A. Only one.

Q. Wouldn't eleven hundred be a good many for two doctors?

A. It keeps you very busy.

Q. I think far too much?

A. I did too.

Q. I don't speak from experience but I wouldn't like to be one of the eleven hundred?

A. I wouldn't either.

Q. (By Mr. Snyder.) What are the advantages of a county hospital over a State institution?

A. Nothing; the size is the only thing.

Q. (By Mr. Bliss.) Do you think there would be any advantage in having a central board which would have authority over all the county institutions, something more than the Board of Charities?

A. The Board of Charities is very good; it needs more help.

Q. Does the Board of Charities do anything more than simply advise you?

A. If I was in difficulty I should turn to the Board of Charities for advice and assistance.

Q. Don't you think it would be an advantage if all the county institutions were placed under one central board and that board prescribe the management as well as furnish the supplies to the different institutions so that there would be a uniform management and that the experience of the larger counties could be taken advantage of by the smaller ones?

A. I think you would find it pretty difficult to arrange it in that way.

Q. I understand that is the system in use in Wisconsin?

A. I have looked it over but not careful enough to give any opinion about it at the present time. I think constant visiting from the outside is a great assistance and I find that the visitor who comes to us once a month is a great help to us.

Mr. Snyder, chairman. The next on the list is the Hillside Hospital for the Insane, located at Clark's summit.

George W. Beemer called and testified as follows:

Examination conducted by Mr. Snyder, chairman.

Q. You are the superintendent of the Hillside Hospital for the Insane?

A. Yes, sir.

Q. How many inmates have you in your institution?

A. Two hundred and sixty-one.

Q. How long has it been in operation?

A. Since 1862, I think, as an institution.

Q. Not as an insane institution?

A. No, sir; I think about 1882 is when they began to care for their insane, either in 1881 or 1882. I came there in 1883, and they had been doing so two years, or nearly that time.

Q. What has been the cost, per capita, for the maintenance of your inmates?

A. It varies from \$3.25 to \$2.75.

Q. That is the cost, per capita, per week?

A. Yes, sir; it varies, of course.

Q. Are you able to draw any supplies from the farm, or from any other source connected with your institution?

A. Yes, sir; we raise a great deal of the supplies.

Q. Is that charged in with the account?

A. Yes, sir.

Q. In other words, that would be about the cost if you had to buy everything?

A. Yes, sir.

Q. What protection have you in case of fire?

A. We have a special, or water line, controlled by an automatic engine operated in the power house; we also have a two inch connection in each ward on each floor, in every ward.

Q. What protection have you in the case of an outbreak of any contagious or infectious disease?

A. Well, we have so far never had anything of the kind. We could isolate them in some remote part of the building. In connection with the insane department there is an epileptic building and the upper floor of that could be utilized very well for contagious diseases. At the present time we are not using it very much.

Q. How many physicians have you?

A. One physician.

Q. How many nurses have you?

A. We have at this time nineteen nurses, including our night nurses.

Q. Are there about the same number of patients among the males and females?

A. There are about ten more females at this time than males.

Q. Are you taking care of the violent patients as well as can be taken care of them in the larger institutions?

A. Yes, sir; so far as we have taken care of them very well.

Q. You have no patients in any of the State institutions?

A. I think at this time we have one in the Danville hospital; that patient has been turned over and charged on our district but has been a pauper patient for sometime.

Q. There is no particular reason why you should not take care of that patient?

A. No, sir.

Q. Have you a system of employment for the inmates?

A. Yes, sir; we have.

Q. They are nearly all employed in some way?

A. Yes, sir; we try to give them employment at something which has been their natural avocation in life before they were insane.

Q. How many visits do you receive from the Committee on Lunacy?

A. Usually two or three times a year.

Q. How many visits do you receive from the Board of Public Charities?

A. About the same, perhaps a little oftener. During Mr. Boyer's administration he used to get up and see us quite often.

Q. Do you know of any cases admitted to your institution on the ground of insanity, who were not insane?

A. I do not, no, sir.

Q. Have you amusements in your institution for your patients?

A. Yes, sir; we have amusements of various kinds. We have a hall specially fitted up for that purpose.

Q. Have you any system of religious observance in your institution?

A. Yes, sir; every week.

Mr. Snyder. Has any member of the committee any questions to ask?

Q. (By Mr. Hall.) Have you any patients there taken from the State insane asylum and brought to your institution after your institution was in existence?

A. Only the time the fire occurred at Danville, or soon after, a few were brought there and since we have aimed to take care of them. We have at this time sixty-nine patients that do not belong

to our district; they belong to different counties, such as Pike, Wayne, Wyoming, Susquehanna and Bradford; we have some there from these counties.

Q. Admitted there by the local county authorities?

A. Yes, sir.

Q. (By Mr. Bliss.) How do you think you compare with the State institutions in the care of the insane?

A. Pretty fair; very good.

Q. Do you think it is as good as in the State institutions?

A. We think we will compare fully as well.

Mr. Snyder, chairman. The next on the list is the Elk County Hospital for the Insane, at St. Mary's Pa., J. W. Dellaas. There being no response, the next on the list is the Erie County Almshouse, Erie, Pa., Z. W. Zuck, steward. Mr. Zuck presents a written statement, which will be filed with the secretary.

The next on the list is the Franklin County Almshouse, Chambersburg, Pa., Jacob Potter, Steward.

There being no response, the next in order is the Jefferson County Home, Brookville, Pa., represented by the county commissioners. Is there any member of the board of county commissioners present?

There being no response, the next on the list is the Central Poor District of Luzerne County Hospital for the Insane, located at Retreat, Pa., Dr. Charles B. Mayberry, superintendent.

Dr. Charles B. Mayberry testifies as follows:

Q. How long has the Central Poor District of Luzerne County Hospital for the Insane been established?

A. It was opened in 1900.

Q. How many patients have you in this institution at this time?

A. Four hundred.

Q. Are they all patients from Luzerne county, or some from the adjoining county?

A. We have them from several counties; we have about eighty outside of our district.

Q. What is the cost per capita for the maintenance of the patient per week?

A. About three dollars.

Q. Have you any resources to draw from, except what you buy outside?

A. Do you mean as income?

Q. No, have you a farm?

A. Yes, sir; there is a farm that belongs to the almshouse. We have nothing to do with that.

Q. In estimating the cost at \$3.00 do you put a value on what you get from the farm?

A. Yes, sir; we allow to the almshouse a proper amount for that.

Q. What provision have you in your institution in the case of an outbreak of fire?

A. We have outside hydrants, pressure of eighty pounds, outside standpipes, chemical fire extinguishers, standpipes running through all sections with hose in each ward. We also have inside fire-proof iron staircases as well as outside iron fire escapes.

Q. What provision has been made in the case of an outbreak of any contagious or infectious diseases?

A. There is a small pest house on the grounds which has never been used; it belongs to the almshouse. But our ventilating system is such that in case of a contagious disease I believe it is possible to segregate them properly in the wards.

Q. How many physicians have you in your institution?

A. One besides myself.

Q. There are two there all the time.

A. Yes, sir.

Q. How many nurses?

A. One to ten right through, on both sides.

Q. What is the source of your water supply for drinking purposes?

A. Spring water pumped into a tank holding one hundred thousand gallons, which is located back of the buildings on a hill.

Q. How often does the Committee on Lunacy visit you?

A. Dr. Wetherill has been there about twice a year and not infrequently there is some one with him. Mr. Biddle is there once a year.

Q. Your system of commitment is the same as the others who have made statements here to-day?

A. Yes, sir; exactly the same.

Q. And your system of discharge is also similar to that which has been stated?

A. Yes, sir.

Q. Do you give your patients work to perform?

A. Yes, sir; we have from 50 to 60 per cent. who work all the time. There are many physically unable to work but all we can work we have do some kind of work. Of course it is an important part of the treatment.

Q. The food supply, I presume, is obtained through the board of directors?

A. We advertise for it three or four times a year for the more im-

portant part of our supplies. It is very much like the supplies furnished to the State insane hospital. The almshouse and hospital are kept separate and each account is kept separate and our food supplies are advertised at the same time, certain parts being for the almshouse and certain parts for the other department, the two being wholly distinct and in fact we have no connection whatever.

Q. What is the capacity of your institution?

A. We have at the present time four hundred, and that was the estimated capacity when it was put up in the first place, but we have 450 beds put up now and we can very easily accommodate 450.

Q. Without injury to the patient?

A. Yes, sir; but my plan has been to urge detached buildings, which will come soon and enable us to make a better classification.

Q. Do you think it would be an advantage to have meetings of all the superintendents several times a year in order to discuss the best methods for the treatment of the insane, similar to what is being done in New York state among its superintendents?

A. I think the New York system, in that respect, is very good. I find myself, and most people no doubt do, becoming narrow minded and getting into ruts and this could be largely overcome by contact with others; therefore, I think this method has a tendency to the broadening of the mind and I think nothing but good can come from it.

Q. What do you think of the New York system of control?

A. I do not believe in it because I think it would result in too great centralization of power. Without any desire to criticise Dr. Wise at all, I can hardly refrain from mentioning his removal, which occurred a few months ago, which shows that even an eminent alienist has been moved by such power and may do things which under our system would be impossible.

Q. You believe in home rule?

A. Yes, sir.

Q. What is your method in obtaining nurses?

A. I send out blanks to those who make applications and require three references; those references are written to and if the recommendation seems favorable I have personal interview and the result, if the interview is favorable, is his appointment. Under the best system we get many who are unfit. The difficulty is that we do not pay enough. We pay a little more than the State hospitals. My experience covers about eleven years in State hospital work and the same difficulty occurred there that I have now. I think on account of the present times it has been harder to get desirable young men, say in the last two or three years, than it was fifteen years ago. I have no trouble among the female class but the pay is not enough to induce desirable young men to take the positions.

Q. What do you pay?

A. We start in the males at \$18 and gradually increase them to \$25 if they reach the position of heads of wards. And if at the end of two years they graduate from the training school they are increased to \$28, which is the maximum. This, of course, does not include the supervisors. That is as much as they get at Danville after five or ten years' service.

Q. Do you not believe that so far as it is possible the application of correct civil service principles for the employ of assistants in the various hospitals would be beneficial?

A. I think civil service rules in the medical department might answer very well, but what we pay at the present time I don't think we could work civil service rules for the employment of the attendants.

Q. Suppose the salary would be increased in proportion to the demands of the times would there be any advantage over the present method of appointment?

A. It would be among the higher classes of service but not the attendants. Of course, I assume that examinations are included in civil service as they have them in New York.

Q. (By Mr. Bliss.) How do the results of the treatment in your institution compare with those in the State institutions?

A. I think there are about the same proportion of recoveries. Our percentage of recoveries has been quite as high as in the State institutions. I think it is as high as it can be in the treatment of the insane, under the present system.

Q. Is there as much visiting in the county hospital as there is in the State institutions?

A. Yes, sir; very much more; that is because it is nearer the centre of population.

Q. Is it better to have a few large hospitals throughout the State and a large number of patients in them than to have a good many small hospitals scattered around through the State containing say five or six hundred inmates?

A. That is very difficult to answer. You mean a hospital to treat all classes? If that is what is meant I think the smaller they are the better. If, however, you mean institutions for the treatment of the chronic insane, or rather for the care of the chronic insane as separate institutions for the treatment of the acute insane, I see no objection to increasing them to several thousand; but if the acute cases are to be centred in among the chronic cases the smaller the number the better the results will be. I have never seen any good come to the curable ones by contact with the chronic insane.

Q. You are familiar with the separate treatment of the chronic insane at Wernersville?

A. Yes, sir; I am but we have no such condition in this State as at Wernersville.

Q. Is it wise to continue that policy?

A. I think Wernersville is putting the cart before the horse. The object was to relieve the State hospital in the building of that institution. I was in one of the largest and most crowded hospitals at the time it was built for years before and years after it was built and the relief from it amounts to nothing whatever. What should have been done was not to increase the space for the chronic cases because we already had sufficient space for the reason that every hospital was fitted for chronic cases and nothing else. What we should have done was to build a hospital for the acute curable cases and nothing else. The Wernersville hospital plan was tried in New York and abandoned years ago. What we want to do is not to prepare a patient for Wernersville but we want to cure him and send them out to their homes and friends. By putting six or seven hundred thousand dollars in Wernersville we delayed a quarter of a century in the proper advancement in the treatment of the insane for it diverted this money from the cure of the insane to preparing a place for the results of the unfortunate systems in vogue in the State hospitals which are largely training schools for Wernersville. In the last report of the State Lunacy Commission of New York Dr. Peterson suggests what was suggested a good many years ago and at that time was regarded as absurd and impossible, that there should be small receiving hospitals for the immediate treatment of the acute curable insane separate from the hygienic environments of the large asylums of chronic cases and we will never reach the best results in the cure of the insane until such a system is adopted. If you cross the water and visit old Bethlam, the Bethlam of old, with all its unfortunate associations you find better results and more cures than even in the palatial Morningside and Dumfries, for the simple reason that the former is devoted to the acute curable insanity without chronic associations and the latter have their few curable cases for treatment in among their hundreds of chronics. I know that every gentleman here who has had long experience in the treatment of the insane will agree with me when I say that I have seen cases that have been made chronic simply as a result of contact with chronic cases. Suppose a man has a delusion of having done some wrong, of having committed the unpardonable sin for instance, or done some great wrong against God and he comes in contact with a case similar to those ideas the result is almost sure to be a strengthening of the delusion. I have had such patients and I am quite sure that every one with long experience among the insane have noticed similar unfortunate

occurrences. Strong friendships are formed between patients with similar mental conditions and great influence of the one over the other results.

Q. Is not that more likely to occur in the county institutions than in the State hospitals?

A. No, sir; I think it is less because we have a less number of chronic cases. I believe the smaller the institution the better. Imagine for yourself an insane patient with an acute depression suddenly brought in contact with hundreds of homicidal, suicidal, degenerate and criminal classes and you can see what the natural influence would be upon this weakened mind. Imagine a woman, brought up in refinement, retiring in disposition, whose very nature in health would shrink from contact with such characters and the result, reason will tell you, is the most detrimental to her mental restoration. With but few cases in the acute hospital such detrimental contact could be avoided. With the best classification of the few cases of curable insanity scattered in the State asylums, among the hundreds of chronics, avoidance of this contact is impossible. Imagine such a thing as being brought into association with epileptics, with homicidal, suicidal, degenerate and criminal patients.

According to the last report of the Committee on Lunacy we have less than five hundred curable cases in the State hospitals. If there were a half dozen hospitals to hold seventy-five or eighty patients apiece it would include the whole State. It is not necessary to have expensive buildings but they should be equipped with every means for utilizing the usual methods of treatment for nervous as well as mental diseases. They should be equipped for all means of utilizing hydropathy, massage, surgical and genealogical treatment and every means known to science to bring the patient's final condition to a normal one. Through this alone is mental recovery possible. The means for utilizing such special forms of treatment are entirely inadequate in the State asylums. I have myself served as a physician in a State hospital for eleven years, in which, in case of difficult labor, it was necessary to send to an adjoining town to borrow a pair of obstetric forceps, and I have held the trachea in a case of operation for a foreign body open with a pair of scissors until a colleague could bend a glass tube to insert in place of tracheotomy.

Q. What is your opinion about the establishment of a criminal insane hospital?

A. That would be one step forward. Do you mean to put cases where they commit crime and are acquitted on the ground of insanity and the hardened, low degraded criminal, who become insane, together?

Q. How large should it be?

A. There is a difference. If you limit to the convicts the number will be very small, but if it is to include all classes it should be large enough to hold four to five hundred, future needs being considered.

Q. (By Mr. Hall.) The question was asked you with reference to smaller hospitals holding five or six hundred and now then you would establish another hospital for the criminal insane and thus classify them again. Wouldn't that be liable to get too many different kinds of hospitals in such ramifications?

A. I don't think there would be any difficulty. The system would consist, if carried out as I suggest, of, first, the present State institutions which would be the chronic asylum. Second, a single criminal insane hospital. Third, the acute psychopathic hospitals, and fourth, a hospital for epileptics, if such were adopted. New York has all of these except the acute psychopathic hospital and that is now proposed. The cases of acute insanity, where crime has been committed because they were not admitted to the hospital sufficiently soon are not responsible but society is, and I would treat them just as any other cases of acute insanity. A few years ago a prominent physician in Pennsylvania committed murder simply because a community, knowing him to be insane and dangerous, left him at large without treatment and thus made it possible for such a crime to be committed. He was not a criminal nor was he responsible and responsibility, if it exists at all, is on the part of those around him. The insane convict is frequently a degraded degenerate, who, having committed crime under prison confinement becomes actively insane. In the first case the criminal instinct is lacking and insanity is the cause. In the second case, the criminal tendencies are present from birth and insanity supervenes as the result of environment.

Q. Could there not be departments constructed at the present hospitals for the accommodation of such patients?

A. I think the association of the great institution for the insane is a bad one to have connected with acute curable cases. It sticks to them when they go outside and nine cases out of ten does them harm.

Q. State whether or not this psychopathic could be established in connection with the present large asylums.

A. This might be done and would be one step forward but the plan I have suggested is preferable because it removes the association of the asylum, a name indelibly connected with large State institutions and one which is extremely detrimental to the cured case after discharge.

Q. (By Mr. Snyder.) What is the distinguishing line in reference to chronic insane and acute cases?

A. Do you mean where the line of demarcation is?

Q. Yes, sir.

A. We usually consider a case chronic after one year's duration but many are essentially chronic from the beginning, as the case of organic brain disease, of arrested development, idiocy and imbecility and epileptics and those with certain hereditary taints. It is easy to tell clearly what the acute cases are; they are certain forms of cases where the disease is functional, without demonstrable brain lesions and usually where the mental trouble results reflexly from bodily disease, which admit of a possibility of restoration. These are the acute curable cases and these are the cases which science and humanity call for different treatment.

Q. In other words, they are only a little off?

A. Yes, sir.

Q. What are the requirements for the admission of patients to Wernersville?

A. They must be quiet chronic cases, good workers, in good bodily condition, clean in their habits, not suicidal, homicidal or epileptic.

Q. (By Mr. Hall.) What is the capacity of Wernersville?

A. Eight hundred is the capacity.

Q. And how many have they?

A. They have from seven hundred to eight hundred and fifty.

Q. That is an asylum for the chronic insane?

A. Yes, sir.

Q. How many cases are there in the State hospitals that are curable cases?

A. There are about six thousand patients in the State hospitals of Pennsylvania and according to the estimate of their medical officers there are less than five hundred cases which are curable.

Q. Can you take as good care of the criminal insane in your hospital as can be taken of them in the State institutions?

A. Yes, sir; I think so. Our building has cost us about one thousand dollars per capita.

Q. And it has cost about four hundred thousand dollars?

A. Yes, sir; with the furnishings. It has a thorough hospital organization and it is not inferior in any way to the State institutions and in some ways is superior.

Q. (By Mr. Heidelbaugh.) What is your opinion as to the epileptic insane?

A. I think there should be a separate institution for them. New York has one, Massachusetts has one and some other states. That is a movement in the right direction. You gentlemen may think that I am suggesting something which would be extremely expensive, but think of taking care of an insane patient for forty years

and then think that you might have taken care of that same patient only three months with proper treatment, and the possible pauperism of all his family, I think you will see that the expense to the State would be very great in the number of years that I have mentioned and that almost any expense for cure might properly be born rather than to support him for years as a chronic lunatic. Furthermore, if this system were introduced the present per capita cost for the chronic cases in the State asylums would be much less than it is now; for, while it is inadequate for the proper treatment of the acute curable cases, it is unnecessarily large for the proper and humane care of the chronic insane. The attendants, which average about one to eight in the State hospitals, need not be nearly so great for the care of the chronic cases and should be very much larger for the acute cases. The attempt, therefore, to have the asylum for both class of cases is unnecessarily expensive in the one and totally inadequate for the other.

I would like to say, before finishing my remarks to the legislative committee, that I feel that a difference should be made in the amount of maintenance from the Commonwealth for a hospital like that at Retreat, which is organized on a thorough basis in every way as exclusively as the State hospitals and the almshouses which accommodates in its buildings a few chronic insane.

Mr. Snyder, chairman. Is Mr. Colbourn, treasurer of the Somerset County Hospital for the Insane, present.

L. C. Colborn testifies as follows:

I have been one of the directors of this hospital, watched over it since its infancy and know the workings of it about as well, or a little better than any other person. Therefore, at the request of our board of directors and the superintendent, I am here to answer any questions that may be asked me.

Examination conducted by Mr. Snyder, chairman.

Q. What is the capacity of the Somerset County Hospital for the Insane?

A. One hundred.

Q. Have you a physician connected with the institution?

A. Yes, sir.

Q. Is he constantly in attendance?

A. He does not reside there but he visits there, according to our rules, every day and he is in telephonic connection with it.

Q. He is engaged in the practice of medicine?

A. Yes, sir.

Q. How many nurses have you in your institution?

A. Four, two male and two females. Our female nurse was supervisor at Dixmont for several years and she is a very excellent nurse.

Q. What is the cost of maintenance, per capita, at your institution?

A. One dollar and eighty-four cents last year; that was not included in the cost of per capita last year, that is, with what was produced on the farm; we produce all our vegetables.

Q. You say \$1.84.

A. Yes, sir.

Q. What provision have you made in case of an outbreak of fire?

A. Our building is two stories high, with finished attic, and closed fire escapes and four stairways.

Q. Are the fire escapes on the outside?

A. Yes, sir; I have some photographs here which I shall be glad to present to you (witness produces photographs). This shows the fire escape on the male ward and this on the female ward and this is the front view of our hospital and this the side view and here is a view of our dining room and a view of our second ward (indicating the various points of location on the photographs). There is a view of the third ward; that is the hospital ward. It was established first in October, 1898; we had a building at that time 39 by 52 for the chronic insane, that we had as a poorhouse at that time and at the solicitation of the Committee on Lunacy the directors of the poor adopted plans, approved by them, and built a large addition to it.

Q. Have you any patients in any of the State institutions?

A. Yes, sir; four; one at Wernersville and three at Dixmont.

Q. Are you prepared to take care of patients in your institution as well as they are able to take care of them in the State institutions?

A. Yes, sir; we have had several very violent patients but through the care of the nurse and physicians in a few days they were quieted down. Some patients came there that were very violent and within a few weeks they were quieted down and several returned to their friends.

Q. Have you labor for the-patients to perform?

A. Yes, sir.

Mr. Snyder. Has any member of the committee any questions to ask?

Q. (By Mr. McClain.) In your opinion do you think that the present law meets all the requirements that it is intended to meet?

A. Yes, sir.

Q. Have you any suggestions to make looking to its amendment or improvement?

A. Only in one respect. In the county care of patients the management of the hospital have to make out a financial report at the end of every quarter with a statement of the number of inmates and so on and this has to be qualified to by the directors of the poor, while in the State hospital they do not have to do that, they merely have to keep a record of the number of patients they have to maintain that quarter, and I don't see why the directors of the poor have to qualify to the cost of keeping their insane any more than the State hospital.

Q. How often does the State Board of Charities visit your institution?

A. Once a year; we never had any of the other members except one time that Mr. Scott was there.

Q. You mean that Mr. Wetherill, secretary of the Board on Lunacy, visits your place once a year?

A. Yes, sir; and Mr. Biddle comes there about once a year.

Q. What does the county pay for maintenance?

A. One dollar and fifty cents per week for seventy-two patients.

Q. What do you think about the State Board of Charity managing?

A. As far back as 1887, when the association of the directors and Board of Charities met in Uniontown they passed a resolution asking the Governor to appoint a committee to revive and codify the poor laws of Pennsylvania, or rather in the first place asking the Legislature to pass a law authorizing the Governor to appoint such a commission. Such a law was passed in 1889 and that commission consisted of Judge Rowe, of Franklin county; J. Nevin Hill, of Sunbury; Lewis Pugh, of Scranton; H. R. McGonigle, of Wilkes-Barre, and another, and they remodeled the law and that law was drawn up and presented in the Legislature and referred to a committee and it never got out of committee.

Q. (By Mr. Marshall.) That was in 1891, and it passed the House?

A. It passed the House afterwards. The law was amended and the first ten sections were stricken out and it was passed and vetoed by the Governor in 1897.

Q. (By Mr. Hall.) Does the State Board of Charities and the Committee on Lunacy supervise you at all, that is, is the management of your county hospital in any way influenced by what they say?

A. By the Committee on Lunacy?

Q. Yes, sir.

A. Yes, sir; we think a great deal of Dr. Wetherill and act under his instruction and his advice. And Mr. Biddle, who paid us a visit

last spring, gave us a great many good suggestions which added greatly to the management of our hospital.

Q. Could you get along without the Board?

A. We haven't tried.

Q. (By Mr. McClain). You do not regard them as being essential for the continuance of your hospital?

A. With the experience that these gentlemen have had and the observations they have made I think they could be of very great service.

Q. Are they?

A. That is asking me a direct question.

Q. (By Mr. Bliss.) State whether in your judgment the establishment of a board of control with a man like Dr. Wetherill at the head of a department, having absolute control over all the institutions of that kind in the State, with the advice and assistance of local boards, would not have a beneficial effect in making those institutions more useful to the State than under the present system?

A. Yes, I think so. I am very greatly in favor of the county care act and I think as time passes by it will demonstrate to the public that it is a very proper thing, that is, the county care system of taking care of the insane. I have visited nearly all the hospitals of this State and have been in a number of the hospitals under the county care act and I must say that I am very much impressed and pleased with the system.

Q. (By Mr. Hall.) You think then that where you have some sort of outside supervision, that is, some one coming in from the outside, that it is a benefit?

A. Yes, sir.

Q. You would not advocate the county institutions left to their own control and conduct?

A. No, sir; the only difficulty is its retrograding effect on the basis of the county homes. Judge Barker, of Cambria county, came to see me on account of that and said that was the only reason he did not encourage the directors of the poor to establish an asylum in their county for the chronic insane because of the fear that, without any outside assistance, it would soon retrograde into a county home.

Q. (By Mr. McClain.) In your opinion do you think that where insane patients are taken from the State insane asylum and placed in the county asylums that they improve more rapidly there?

A. Yes, sir; I think they do better when they are among their friends, and I think it is better from the very fact of their being near home and that it has a tendency to cure more than the medicine of doctors. Another thing, I heartily approve of the question you asked several on the stand here with reference to

whether it would be a benefit to having a conference of superintendents twice a year, or the management of these hospitals, where they could exchange ideas with reference to the management of such institutions and make suggestions for the government and control of these hospitals. The association for the charities of the State was organized in 1886, and the improvement of the county homes is the outgrowth of that association throughout this State more than anything else. Professor Gould, or E. P. Gould, who is the president of our association, has been connected with it for years and I believe he would bear me out in that statement. I have the financial report for the last year and also the report of the rules and regulations of the association which I will gladly leave you if you desire it.

Mr. Snyder, chairman. I will now call upon George W. Wilson, director of the Pittsburg City Home for the Insane.

George W. Wilson testifies as follows:

Examination conducted by Mr. Snyder.

Q. You are the director of the board of charities for the city of Pittsburg?

A. Yes, sir.

Q. How many institutions are there in your district?

A. Just the almshouse and the insane asylum.

Q. For the city proper?

A. Yes, sir.

Q. How many inmates are in the insane department?

A. Four hundred and forty-nine yesterday morning.

Q. All from Allegheny county?

A. No, sir; from the city of Pittsburg.

Q. You have no inmates from the county?

A. No, sir; none.

Q. What is the cost, per capita, to maintain the insane patients?

A. Our average for the last year was \$2.78.

Q. You have no farm?

A. Yes, sir; but that is charging the products of the farm at current rates against the maintenance of the inmates.

Q. What provision have you in the case of an outbreak of fire?

A. We have a fire escape from each of the wards. We have standpipes and hose in each of the houses, 250 feet of hose in each of the wards and a water pressure of 50 pounds on those standpipes all

the time, and in addition to that we have a fire department organized from our own attendants.

Q. Can you take care of your patients in case of a contagious or infectious disease breaking out?

A. Yes, sir; we have an isolated hospital and never had occasion to use it but once. Our steward uses it as the front part of his dwelling house.

Q. Are your patients employed?

A. About one-half of them work. All the farm work is done by the male patients and all the laundry work, the making of all the garments and all the sewing is done in the institution by the females, except the making of the men's clothing.

Q. How many physicians have you?

A. Three; we have a resident physician and assistant resident physician, and then a young physician whom we change every year or every two years.

Q. How many nurses do you have?

A. One to every twelve inmates.

Mr. Snyder, chairman. Has any member of the committee any questions to ask?

Q. (By Mr. Hall.) Does the State Board of Charities visit your institution regularly?

A. Dr. Wetherill and Mr. Biddle, and some members of the State Board of Charities, average about one visit a year.

Q. How large a farm have you there?

A. Three hundred and thirty-eight acres.

Q. Is it pretty well under cultivation?

A. About 250 acres under cultivation.

Q. Is most of the labor performed by the inmates?

A. In fact all the labor except the officers in charge of the insane.

Q. How about the cost of maintenance, is that a matter of reduction in expense to the city on account of the work of the patients?

A. Yes, sir; the average for the year has been \$2.78.

Q. Then from a financial point of view do you consider that satisfactory, as a director of the board of charities?

A. Yes, sir; very satisfactory.

Q. The building was constructed for that purpose?

A. Yes, sir; and we are now constructing two of the same plan?

Q. It is a hospital for the accommodation of patients on a smaller scale?

A. Yes, sir; when those are completed we will be able to take care of one thousand.

Q. (By Mr. Anderson.) What proportion are foreigners?

A. About 60 per cent.

Q. (By Mr. Hall.) How many patients have you at Dixmont?

A. I think about eight patients and we have two patients at Wernersville.

Q. How is your water supply?

A. Our water supply is now good. It has been very bad. While we were taking water from the Chartiers creek it was very bad but now we get it through the city mains and we have splendid water and it is very satisfactory.

Q. Would you be willing to go back to the old system and do away with the city hospital?

A. No, sir.

Q. You think this is an improvement on the old system?

A. Yes, sir; there is no doubt about that.

Q. What percentage of recoveries or improved cases, do you recall the figures as to that?

A. I think we have about, Dr. Wilkin, chief resident physician, told me we had about 15 per cent. discharged as recovered, or improved, or restored.

Q. (By Mr. Marshall.) How does that compare with the State asylum?

A. I think very favorably.

Q. (By Mr. Hall.) Have you any suggestions or recommendations to make?

A. Not any, colonel.

Mr. Snyder, chairman. I now call on Mr. William Good, of the Lancaster County Hospital for the Insane, located at Lancaster.

There being no response, I call on Mr. J. W. Wallace, of the Mercer County Hospital for the Insane, located at Mercer, Pa.

There being no response, I call on any one who is here representing the Washington County Hospital for the Insane, located at Arden, Penna.

There being no response, I call on Mr. J. W. DeHass, of the Elk County Hospital for the Insane, located at St Mary's, Pa.

There being no response, I call on Mr. E. P. Gould, of the board of charities, of Erie, Pa.

Mr. E. P. Gould testifies as follows:

Examination conducted by Mr. Snyder, chairman.

Q. I suppose you have visited nearly all of the State and many of the county institutions?

A. Many of them; some of the State institutions I have not visited, but many of them.

Q. What has been your observation in reference to the State institutions as compared with the work of the county institutions?

A. Well, my observation of the county institution has been so limited, until recently, that it would hardly be a fair comparison. Pittsburg is taking care of a considerable number of insane for a number of years and Philadelphia has taken care of a large number of insane for a number of years and some of the other counties have some but not as separate institutions but as part of their almshouse system and it would hardly be fair to compare it.

Q. Are you familiar with the system in New York and some of the other states in reference to the care of their insane?

A. I have made considerable study of it.

Q. Are you familiar with the Williard institution in New York state?

A. Just as I read about it. I remember one question that come up to-day. I receive the report every year and attended some of the meetings of the association of the superintendents of the poor in York state. In York state they have one superintendent of the poor in each county and do not have a board of directors of the poor or county commissioners we have in this State, but they have a superintendent over each county. They meet once a year and the State Board of Charities meet with them and hold a convention. About eight years ago there come up quite a controversy as to whether those kept in the state institutions of the insane or whether those kept in local institutions were best cared for and which had the largest percentage of recoveries and each side selected their advocates and appeared at that convention and I remember in the report it showed that the local institutions had a larger percentage of recoveries than the state institutions and their reports were the most favorable of the two. That was about eight years ago.

Q. Are you acquainted with the Erie County Home?

A. Yes, sir; I have been connected with the board there, with the exception of three years, for the last fourteen years as their solicitor.

Q. What has been your observation so far as the hospital at Erie is concerned, in comparison to the State institution?

A. We have not a system that we can compare for this reason, we have only taken off a portion of the buildings to keep the insane in and they have kept what might be called the chronic cases and sent all their acute cases to Warren, so it would not be fair to draw any comparison in that respect.

Q. What has been your observation so far as the work performed by the Board of Charities is concerned?

A. I think it is due to the Board of Charities to say that the Board of Charities made up in this way until recently, there has been some changes recently made in the Board of Charities and new blood injected into it, has been composed of men that were so engrossed in business that they could not give it proper attention, or were composed of men retired from business and did not want to use physical exertion to do it and so far as the State Board of Charities has been concerned, outside of the Lunacy Commission, the work has been thrown on one man and no one man can do the duty assigned to him by law. I don't care how much endurance he has. It is his business to visit every institution that receives State aid, every institution that has insane in it, and besides the amount of clerical work and office work, and the State should do one of two things, they should give the State Board of Charities, under the direction of their general agent two, three or four expert men, who should travel and inspect the State institutions, examine their books, their system of accounts and their treatment of the inmates and pay them for it, or else establish a department where under one head or duplicate head give them power of inspection. A board so created, of course, could not do the work themselves and they would have to have an expert in doing; either you have to do it or your superintendents are absolutely worthless. So far as the inspection is concerned nine times out of ten they always know beforehand when some one will be present. We have in our city a member of the State Board of Charities for several years; he died recently and I don't think he ever visited one institution except one local hospital, except when Mr. Biddle would come up he drove out to the almshouse with him.

Q. Mr. Biddle is the only salaried officer?

A. Yes, sir; and this work cannot be done without you pay them for it.

Q. What do you think with reference to the New York system of having a central board?

A. Well, I am rather in favor of that, possibly they should be but you cannot hold men to a very close accountability in the performance of their duties while appointed as honorary members and expect them to perform their duties without any compensation and I believe they should be reasonably compensated for the work they do and then hold them to a reasonable accountability for the work they do and then you get good work and otherwise you do not.

Mr. Snyder. Has any member of the committee any questions to ask?

(No response.)

Mr. Snyder, chairman. Is there any gentleman present who has not yet been heard, who desires to be heard?

Mr. Gould. I desire, as chairman of the directors of the poor, to extend an invitation to this committee to attend the next meeting of the directors of the poor and the State Board of Charities that will be held in Somerset, I think in the second week of October, when these matters will be largely discussed and would like them to ask any questions they see fit and it may be they can get some information there. My experience has been this, Mr. Chairman, that there is only about one man in a hundred who takes any interest in public charities only so long as he is connected officially with an institution and that his interest dies out the moment he leaves. Others become interested in the work and make a life work of it, and for that reason I am opposed, after long study and deliberation, to the system of electing officers to take charge of our charities and making it a political office. I believe the system that is in vogue in some parts of the State is a good one, where the court appoints a man who shows an interest in the work and continues him in that office and not rotate him out of it.

Mr. Snyder. In behalf of the committee I desire to extend thanks for the kind invitation and the matter of attendance will be laid before the committee.

On motion of Mr. McClain, seconded by Mr. Sproul, adjourned at 4.30 P. M. to meet Wednesday morning at 10 o'clock A. M.

Met Wednesday, May 7, 1902, at 10 o'clock A. M.

Mr. Snyder, chairman. Dr. Orth, of the Pennsylvania State Lunatic Hospital, of Harrisburg, Pa., being present, I call upon him.

Dr. H. L. Orth testifies as follows:

Examination conducted by Mr. Snyder, chairman.

Q. How many inmates has your institution at this time?

A. We have, I think, 894; capacity for 700.

Q. How many males and how many females have you in your institution?

A. Four hundred and forty-seven males and the balance females.

Q. What has been the average cost, per capita, for maintenance?

A. Three dollars and seventy-five cents; ever since I took charge of the hospital I expended the full limit.

Q. How are the employes of the institution obtained, who does the hiring and discharging of them?

A. The superintendent does everything under his control.

Q. Any system to find out the character of the employes?

A. Require a recommendation under all circumstances; they make written applications and give references and those references inquired into.

Q. What is the average proportion numerically of your attendants to the number of your inmates?

A. About one to nine, or a trifle over nine.

Q. What is the source of your water supply?

A. We have a creek running through the grounds, the water sheds of which we control and that water is carefully filtered through a sand filter by which we extract about 97 or 98 per cent. of all bacteria life by actual count.

Q. How are your buildings heated?

A. By steam.

Q. Direct radiation?

A. Indirect and direct radiation.

Q. How are they lighted?

A. By electricity.

Q. Are the wires properly protected?

A. Yes, sir.

Q. What protection have you in case of an outbreak of fire?

A. We have no fire escapes except all the stairways are built in walls of 22 inch thickness and none of the patients are located above the second floor. I think it is the only hospital in the State arranged that way.

Q. What year were the buildings built, that is, the first one?

A. In 1849; I believe the corner stone was laid in 1849 and finished in 1851.

Q. All your buildings were built many years ago?

A. Yes, sir; except within two years we put up two buildings.

Q. Are there any women managers of your institution?

A. No, sir.

Q. Would it be any advantage to have them?

A. It would be very pleasant to have them but I don't see what advantage it would be.

Q. How are your supplies obtained for the use of your hospital?

A. Make annual contracts. By law we are compelled to advertise the first Monday of April and letting made thirty days subsequently. It is competitive.

Q. Have you some one to inspect and examine your supplies in order to ascertain whether they conform to the stipulations under which they were obtained?

A. We have a very careful storekeeper and nothing passes through

his hands unless they come up to the standard of bids; they must comply to that standard.

Q. How many visits do the board of trustees make to your institution as a body?

A. They meet four times a year but we have an executive board who come out there at least monthly, sometimes more frequently than that, but regularly that often. I am in constant communication with them. They live but a short distance from us and they come too often sometimes.

Q. Do you think if the supplies for your institution were furnished from some central source, that it would be of any advantage, for instance some central source would supply all the State institutions?

*A. Buying in large quantities you can always buy cheaper; it might be some saving to the State.

Q. You see no objections to that system?

A. It depends on how it is conducted, conducted honestly I know of no objection. The great difficulty with contractors they all want to give us better than we specify at a reduced rate.

Q. How many hours are your attendants, nurses and others on duty?

A. From 6 o'clock in the morning until 7 o'clock at night, with two hours intermission.

Q. How many private patients have you?

A. I think twenty-five; we have not received any private patients since 1895.

Q. What are the rates charged for private patients?

A. They average about \$3.85; I think it is \$3.85.

Q. What restrictions do you place on letters written by patients to persons outside?

A. Letters to their immediate friends are sent without any supervision. To outside parties they are not permitted to go as a rule.

Q. If there is anything objectionable in them what is your practice?

A. Under those circumstances they are placed on file and subject to the Committee on Lunacy and if approved by them they are sent to their friends.

Q. There are no restrictions placed on letters written to county judges or their counsel?

A. No, sir; I don't object to anything reasonable sent to them. Of course we don't want anything obscene sent to the county court.

Q. How many times did the Committee on Lunacy visit your institution last year?

A. I think last year three times; that has been due to the illness of the secretary.

Q. And how often did the State Board of Charities?

A. Once or twice a year.

Q. Do they go through the different wards?

A. Yes, sir.

Q. Is there any other business they transact outside of that?

A. They generally inspect our reports and our method of doing business.

Q. Who usually visits your institution from the State Board of Charities, the secretary or whom?

A. The secretary of the Board of Charities and one or two members of the Board.

Q. Do you have any inmates in your institution of whom you or your medical faculty entertain any doubt as to their insanity?

A. Where we do we report it to the Committee on Lunacy and the court. During last year we had three or four committed who were not insane and had great difficulty in getting them out of the hospital.

Q. (By Mr. Hall.) How were they committed, by order of the court?

A. By order of the court.

Q. It was not a case where two physicians certified?

A. In one case two physicians certified, in Berks county he assaulted one of the attendants at the almshouse and it was less trouble to put him in the hospital than to jail. They were discharged in thirteen or fourteen days, as soon as we could get rid of them.

Q. (By Mr. Snyder.) What other order have you besides the order of the court?

A. On the certificate of two physicians and voluntary patients; they come in every thirty days.

Q. And those sent through the directors of the poor?

A. They are admitted on the certificate of two physicians.

Q. Is the line of demarcation tightly drawn between the male and female inmates, as to social life?

A. As far as possible we keep it under control.

Q. Do you separate the acute cases from those of other forms of insanity?

A. I am sorry to say that we cannot; we have not the facilities.

Q. On the subject of book-keeping, is there a uniform system of book-keeping in your institution?

A. We have our own system which has been in use for twenty years; it is very satisfactory and we account for every penny.

Q. Who inspects that account?

A. The accounts are inspected twice a year by some one sent by

the Auditor General, and we submit reports every three months and we cannot receive any money until our accounts are approved; that is one defect in the system, we have to spend the money before we get it.

Q. Might not a conference of superintendents prescribe a system of uniform blanks which would imply, if it did not compel, a substantial uniformity of methods in administering the affairs of all the hospitals?

A. It would be very advantageous.

Q. And once in three months for all superintendents to meet and consult in relation to matters connected with the care and maintenance of hospitals?

A. I think to meet once in three months would be sufficient, otherwise it would take a great deal of time.

Q. What provision have you in the case of an outbreak of any contagious or infectious disease?

A. We have no protection except we have to isolate the people the best we can, we do that in the upper ward. We had three cases of measles within the last six months.

Q. There is no epidemic with you now?

A. No, sir.

Q. What system of religious observance do you have in your institution?

A. We have none except we have prayers every evening at 5 o'clock.

Q. You don't have any services on Sunday?

A. No, sir; we have no chapel in which to hold them. The Legislature compelled us to tear down our chapel seven years ago. It was on the fourth floor and they were afraid it would fall down; it was a regular fire trap and it was perfectly proper. The only criticism I have to make is that they don't give us another one.

Q. What is the formula by which you transfer patients from your institution to others?

A. By order of the Committee on Lunacy.

Q. Any special blanks?

A. There is a general form order of transfer; we advise the Committee on Lunacy and they issue the order of transfer.

Q. Do you not believe that so far as it is possible the application of correct civil service principles for employment in the various hospitals would be beneficial?

A. Very desirable.

Q. Especially amongst the nurses?

A. Nurses and officers both.

Q. Can you make any suggestions with reference to what might be a proper means of preventing the increase of insanity?

A. The only means I know of would be castration; I don't know of any other.

Mr. Snyder. Has any member of the committee any questions to ask?

Q. (By Mr. Hall.) Do you think there is anything in the present condition of our life as compared with the conditions which existed, say fifty or a hundred years ago, as bearing on the subject of mental troubles?

A. I can recollect back fifty years and I would say that our life is more strenuous and more exciting at present and anything that breaks down the general system is liable to impair the nervous system and it generally causes mental troubles.

Q. Do you think insanity is on the increase?

A. Not practically.

Q. Isn't it possible that persons confined in the asylums about fifty years ago were just considered a little queer?

A. Perhaps we are more humane than we were fifty years ago.

Q. (By Mr. Snyder.) The law in reference to the transfer of female patients has been observed, that is, to have female attendants with them?

A. It is not always; where it is not observed I call the attention of the Committee on Lunacy, or the persons who have them there, or state the facts to the Committee on Lunacy. I do not like to act as informer but the facts are stated to them and they take it up.

Q. Have you any suggestions or recommendations to make with regard to our present laws for the care and treatment of the insane which you consider of importance?

A. I think they could be made more uniform and if there was sufficient room given to the officers of the hospital to take care of their patients I think there would be a decided improvement in the result.

Q. (By Mr. Hall.) There is insufficient room in your hospital the same as others for the accommodation of your patients?

A. We have the smallest and most contracted building in the State. We have a population of over 30 per cent. over our normal capacity and the place is dangerously crowded.

Q. That militates against good results?

A. Yes, sir; it certainly does. I have prepared a statement which includes a great many of the questions you have asked me which I will leave with you.

Q. (By Mr. McClain.) Are you still occupying the old building?

A. Yes, sir; we have two in a room.

Q. How many patients have you in that building, in the old building?

A. About four hundred; three hundred and eighty to four hundred.

Q. In the old building?

A. Yes, sir.

Q. How many on the third floor?

A. None; I removed them from the third floor two years ago. I am devoting that to attendants now.

Q. In which practice do you think the best possible results can be obtained: In having many patients in one large institution or having a number of institutions throughout the State and fewer patients in them?

A. If properly classified I think one institution would be more satisfactory; you could run it more economically.

Q. Apart from the question of economy what effect would it have on the patients, one large institution with a great many patients in it, or a number of institutions with a less number of patients in them?

A. Within certain limits I would say that the larger number of patients in a large institution would be more beneficial.

Q. (By Mr. Marshall.) Do you mean you would get better results?

A. Yes, sir.

Q. (By Mr. McClain.) What do you suggest to be done with the criminals who are insane?

A. I think the best plan would be to have a separate institution for them; I don't think it is human to keep them with the ordinary lunatics.

Q. What do you think with reference to the present Board of Charities?

A. I think their powers ought to be enlarged, if continued; they are merely advisory and have no control over institutions.

Q. In your opinion, in establishing a State department, such as they have in use in New York, do you think it would work to better advantage than under our present system?

A. I have not examined that law; it has only been passed recently and not gone into effect.

Q. I think it has?

A. I am not certain about it and I cannot give an opinion. It is but a very short time that it has gone into effect, if it has.

Q. How often does the State Board of Charities visit you?

A. I think last year they were there three or four times and the State Committee on Lunacy was there two or three times.

Q. Has their examination been superficial or thorough?

A. Sometimes superficial and sometimes thorough; it depends on the amount of confidence they have in the superintendent very frequently.

Q. (By Mr. Marshall.) Do you think it good policy to separate the acute chronic cases?

A. Undoubtedly, if you have a separate building.

Q. In a different institution, such as at Wernersville, I mean, could you procure better results?

A. In a large institution there will always be a certain number of acute cases brought there and they could be treated in a separate building; they require more care, more nursing and more supervision.

Q. What proportion of acute cases have you in your institution now?

A. Now, I don't think I have ten cases in the hospital that are curable.

Q. (By Mr. Hall.) Isn't that an unusually small percentage?

A. Yes, sir; it is an unusually small percentage, due to the fact that we are not receiving any private patients; they do not like to be committed as paupers except in case of necessity.

Q. (By Mr. McClain.) In case of fire could the patients in the old building be removed at night with safety?

A. My arrangements are such that I think they could be got out without any difficulty but as I have stated it is a regular fire trap and would burn up almost like powder.

Q. The only thing to be done there would be to erect a new building?

A. Yes, sir; to tear it down; our flues are nothing but lath and plaster and not even lined with tin. I have been trying to do it for the last fifteen years.

Q. The appropriation made by the last Legislature was not sufficient to erect a new building to take the place of the old building?

A. It is only sufficient to accommodate about 110 or 115 patients. We have plans executed but the cost of material advanced so much that we could not comply with the architect's plans but we expect to commence about the first of July. That building holds about 300 to 400 patients and we have an appropriation to build for the accommodation, I think, of 110 or 120 patients. We made application for \$500,000 and they gave us but \$110,000.

Q. (By Mr. Hall.) What are the wages you pay the attendants there?

A. On the male side we pay from \$14 to \$25 per month, according to the time of service; on the female side we pay from \$11 to \$18.

Q. Do the female attendants perform the same work that is performed by the male attendants?

A. Practically the same; the heavier work is done by the male attendants, cleaning carpets and such things.

Q. As far as attending the insane themselves are concerned their duties are the same as in the other department?

A. Exactly the same.

Q. And the hours of labor about thirteen?

A. Yes, sir.

Q. Do you consider that not too long?

A. The labor is light but it is very confining.

Q. Do you have trouble in keeping help there?

A. Satisfactory help, yes.

Q. They go away?

A. Yes, sir.

Q. The hours and the character of the work are not such as to make it a desirable position?

A. No, sir.

Q. For a man or woman to settle down in that position?

A. Yes, sir; we retain the female help longer than we do the male help.

Q. You said awhile ago that you make your contracts annually. Do you think it is a good plan to do so?

A. It is mandatory.

Q. It is under the act of Assembly?

A. Yes, sir; under the act of 1845.

Q. For example, contracting for a delivery of beef at this time, do you think that is advisable?

A. We made our contracts yesterday for ten cents a pound for the year around; that is a slight advance over last year; last year it was 7.85. I think it increases our expenditures about ten thousand over the prices of the supplies last year.

Q. From your experience do you think it is a good plan for patients to be committed to an asylum, without a judicial inquiry, simply on the certificates of two physicians?

A. Under certain circumstances it would be a great hardship to wait on judicial proceedings. At present you cannot commit a patient to a hospital under four or five days by the course of judicial procedure and very frequently a patient wants to be committed at once and I think as a rule physicians are honest, sometimes they lack judgment and any mistakes are mistakes of judgment and I find more mistakes of judgment made by the courts than are made by physicians in the last ten years.

Q. That is your experience?

A. Yes, sir.

Q. Do you believe there ought to be separate institutions for the criminal insane?

A. Yes, sir; I should say not for the criminal insane but for the convict insane, because very frequently an insane man commits a criminal act.

Q. Do you think there should be a place for the convict insane?

A. Yes, sir.

Q. Do you know how many there are in the State?

A. I don't think there are over 125 or 150. By reference to the report of the Committee on Lunacy I can tell you in two minutes.

Q. Do you think there ought to be a separate place for the acute cases, separate department for the acute insane?

A. Yes, sir; I am building one myself at present. We have none, we have been so crowded that I doubt if we will be able to use it on account of the overcrowded condition of the hospital.

Q. (By Mr. Bliss.) Do you think it would be wise to have one hospital in the State for the acute cases?

A. The distance is too great to carry them from all sections of the State to one hospital; I think there ought to be a separate building at each hospital for acute cases.

Q. (By Mr. Hall.) I believe you said there were ten acute cases in your hospital?

A. Ten curable cases; there is a difference between acute and curable.

Q. (By Mr. McClain.) What did you say was the cost for maintenance?

A. Three dollars and seventy-five cents; \$1.75 paid by the county and \$2.00 paid by the State. I offer the following prepared statement, in addition to my testimony:

With the advent of Miss Dorothea L. Dix into Pennsylvania the corner stone of this hospital was laid and the humane system of our State care for the insane was inaugurated; this was continued for several decades. Thousand upon thousands of dollars were appropriated and expended for their care and in the erection of three State and two semi-State hospitals, and one asylum, seemingly adequate provision for all; but want of careful enumeration of these unfortunates and lack of foresight in estimating their increase, due to the rapid growth of our population from natural causes and from immigration, frequently of the pauper and degenerate classes of foreign countries, due systematic provision for their care and maintenance has not kept pace with their increase. In addition to this, the mandatory act of '89, committing all lunatics to State hospitals, who could not be properly cared for in their own county homes, and the gradual education of the community at large, that their friends could be more intelligently treated and at reduced expense, in a State hospital than in their own homes, has so pop-

ulated our State institutions that they are a menace to their inmates. To relieve this overcrowding, the Legislature in their wisdom, at the suggestion of the Board of State Charities, authorized in '95 (what had been abandoned in '89), namely: The care and maintenance of the insane in county homes, with however, the additional precaution of State inspection. This retrogradation in opposition to the accumulated experience of years does not seem to be justified by any reasonable argument; the theory of reduced cost, because of reduced expenditure, is so fallacious as to be untenable, while the assumption that they will receive the same care and treatment that is given to them in large hospitals, is so incorrect as to approach the ridiculous. The fact that large numbers of people can be taken care of at less cost per capita than small, other things being equal, is so self evident as not to require argument. All insane require supervision; the same amount of supervision must be given to two harmless insane as to twenty, and the only diminution in cost will be in food and clothing. To keep the expense within explainable limits, curtailment will be made in the number of attendants, in bedding and in the protection that their mental state demands; demands, I repeat, because a lunatic is not in a proper sense a pauper; because he is enfeebled by disease and has become a menace to the community, he should not be treated as a pauper, to be taken care of at the least expense capable of sustaining life, but should be protected in a manner creditable to the State. This brings me to the object of my inquiry, how best to take care of the insane. It is a difficult question to answer; to suggest a chimerical idea is easy but to submit to you a practical plan based upon experience is, as I have said, difficult.

The superintendents of the State hospitals, because of the overcrowding for the last fifteen years, have not been able to fairly carry out the approved methods of treatment: their whole effort has been to care for and maintain their inmates. My own hospital (I speak relatively by way of distinction) has been a huge pen where the insane are herded; the other hospitals are in a like condition. You have been appealed to time and time again but the appeals have been unheeded until the condition of insane in the State is so disgraceful that almost any change will be an improvement. The acts of '69 and '83 creating the Board of Charities and Committee of Lunacy, undoubtedly were beneficial by requiring inspections, systematic records and reports, but they have no control over the institutions; they can only act in an advisory manner; their powers should be enlarged.

The wages of attendants should be uniform. The methods of keeping accounts should be the same in all hospitals; their expendi-

tures should of course be limited to a definite per capita. The terms of office of all officials should be uniform; they should be appointed only after competitive examinations and the appointments should be for life or during satisfactory service; satisfactory as indicated by yearly results, said results determined by reports based upon careful inspections. Their salaries should be graded, promotions should be made for time of service and merit. You would thus have a force of young men in training from which could be drafted the superior officers.

To relieve the over crowding, various ways present themselves, but they are all more or less expensive. The epileptic and criminal insane should be cared for in hospitals or farms designed for that purpose, while the surplus population in the hospitals would most economically be provided for by increasing the capacity of the present institutions. The steam and electrical and laundry plants and the water supply, with their operating departments are at hand, the executive departments are fully equipped, the hospitals are supplied with officers who can superintend construction and all that will be required is the erection of additional wards. A comparatively small amount will accomplish this result.

It seems too self evident to suggest to your honorable body but it might be attributed to ignorance if I fail to mention, that every hospital plant should be equipped with a pathological, electrical and hydrotherapeutic departments, with necessary operating rooms; with carpenters, machine, shoe and upholstering departments and sewing rooms in which many patients can be usefully employed; with a chapel and amusement hall for the diversion of the inmates, play grounds, etc., but these are mere A. B. C. details that all the hospitals have been striving to secure; some have obtained, others, myself included, have been compelled to tear them away on account of their worn out and dangerous condition.

The framers of the act providing for the erection of this hospital, with wise foresight, anticipated our present troubles by enacting, first, that the number of patients admitted from the various counties should be proportioned to the population and that acute cases should have preference over the chronic insane. In '92, owing to the deplorable condition of the hospital, my board of trustees on my recommendation, availed themselves of this clause and limited the capacity of the house to eight hundred. As ventilation, etc., of the hospital was improved the limit was raised to nine hundred, though the cubic air capacity was calculated and built for but seven hundred; to crowd beyond this point was a menace to the inmates and we did not feel justified in receiving patients above this limit. The diminution of fresh air and the propinquity due to over crowding not only created irritability and restlessness but

diminished their vitality to such an extent that their inherent resisting powers were impaired and they easily succeeded to epidemic influences. It thus seemed more humane that a few should be subjected to temporary discomfort than that the 900 should be exposed to danger; at no time was any applicant compelled to wait for admission over fourteen days and never with any special detriment to themselves. That our work has been doubled and our anxieties increased goes without saying and our great surprise is that we have been protected from an alarming death rate and in any way secured favorable results.

I have endeavored to advert, as succinctly as possible and without tiring you with elaborate details, to the facts that have forced themselves upon our attention in the last two decades and trust that they may be of some assistance (by suggestion) in enabling you to mature some practical plan that may ameliorate the condition of the poor unfortunates in our over crowded hospitals.

Dr. Mary M. Wolfe resumes and testifies as follows:

Examination conducted by Mr. Snyder, chairman.

Q. How long have you been in charge of the women's department at the Norristown hospital?

A. I took charge on the 1st of February, 1901; a little over a year ago.

Q. How many visits have you had by any member of the Board of Charities in your department?

A. Well, no member of the Board of Charities has been into the wards; but they have been to see me.

Q. But have not been in the wards?

A. No, sir.

Q. Since February, 1901, has the secretary, or any members of the Board of Charities been there?

A. Dr. Wetherill has been to see me two or three times but the members of the Board of Public Charities have not been in the wards.

Q. Dr. Wetherill is connected with the Committee on Lunacy?

A. Yes, sir.

Q. The secretary of the State Board of Charities is the person you saw outside of the ward?

A. You mean Mr. Biddle?

Q. Yes, ma'am.

A. Mr. Biddle has not been to see me; he was in the trustee's room one day and I had some conversation with him there, but aside from that he has not visited me.

Q. He has not visited your department?

A. No, sir.

Q. (By Mr. Hall.) You said there had been some members of the Board of Charities at the hospital?

A. Yes, sir.

Q. They were members of the Committee on Lunacy?

A. Yes, sir; Dr. Wetherill has been there a number of times.

Q. He is the secretary; aside from him has any one visited you?

A. Dr. McCloud was there a few weeks ago and aside from Dr. Wetherill and Dr. McCloud none of the Board have been there.

Q. The attendants in your department are all women?

A. Yes, sir; both physicians and attendants.

Q. Are the women attendants in your department paid as much as the men in the male department?

A. They are not.

Q. How much less?

A. That is more than I can tell; I never bothered about how much the men were paid but I can tell how much our women are paid and Dr. Richardson can inform you about the men. The highest salary for nurses is \$30 for the nurse who has charge of all the night nurses. Our hospital is a little different from the others. This night patrol who gets thirty dollars per month has full charge; in going through all those sections she gives the medicine and looks after the patients and all that; and then our day nurses who have charge of individual sections get \$25 a month; the average run from \$16 to \$18. When a nurse first comes there she gets \$14 and then after she has been there a little while she is raised to \$16 and then \$18, but she never goes above \$18 unless she has served there some time and has some special higher position.

Q. There being no men in your department, all the work falls upon the women?

A. We have three men who we call extra; they bring our clothes from the laundry to the assorting room and carry them up into the different wards and do anything like that in heavy carrying, remove all the trunks and things like that. These are the only employees who are men in the women department.

Q. So far as the attendants on the insane is concerned the attendants in your department do exactly the same work as the men in the other department?

A. Yes, sir.

Q. Yet they are paid less?

A. Yes, sir.

Q. Do you think that is right?

A. Well, that depends on the way you look at it; if you look at it from the standpoint that you can get women, at what amount you can get them for and what amount you can get men for, it is a fair thing. If you pay people according to the work done it is not right, but then in this world we all do not get that.

Q. That is, an advantage is taken of the one class of attendants because of their sex?

A. You take those women and the kind of women we get, they are the women who would otherwise be in kitchens or factories, or something of that kind and they could not in any case demand any more pay than they get from us. But, on the other hand, it is different with men who can take positions that would pay them more money and an advantage is taken of that fact and women get less money.

Dr. D. D. Richardson resumes and testifies as follows:

Examination continued by Mr. Hall.

Q. What are the wages paid the attendants in your department?

A. From \$14 to \$35; we have one attendant on the night patrol who receives \$35, recently increased from \$30 to that amount. When a man comes on at first he comes on at \$14 a month and if acceptable he is increased to \$18 the next month, and if he continues to be a good man we give him \$20 in six months. The highest wages are given to the men in the graduating school. We make consideration for those men by giving them the best positions in the hospital. Our course is two years and they must study two years before they can graduate.

Q. If a man studies two years and works, how many hours does he work a day?

A. If not off at night he works until 9 o'clock and the fourth night he is off from 7 to 10 o'clock. He gets up at 5 o'clock and goes to work at twenty minutes past five. The service is long and it is not right.

Q. What does a man earn who does not graduate?

A. We start him in at \$14 a month and then at \$18 and then at \$20.

Q. And those who graduate, how much do you pay them?

A. The man who graduates gets the highest price that is paid; there is a tendency to give every man \$25 after he is graduated.

Q. Do you think that is enough?

A. No, sir; I don't. I think attendants, particularly women, are poorly paid in hospitals for the insane and there is no earthly reason

why a woman should not have as much as a man where they do the same amount of work, not the least bit of it. I have an experience of forty-six years as a superintendent in connection with insane people and as a student of insanity, and the longer I live and the more I see I am firmly convinced that women are worth just as much as the men. They have more work in a certain line than the men have to do and I think it is contemptible to take advantage of women because she is a woman.

Q. (By Mr. Snyder.) The salaries paid at your institution are fully as large as at any other institution, in both the male and female departments?

A. I don't know about the female department but in the male department I think they are.

Q. How many years have you been connected with the Norristown hospital?

A. Going on nine years.

Q. How many visits have you had from the Board of Charities in your department?

A. I have not kept account but we have frequent visits from Dr. Wetherill and from Dr. McCloud, and one or two visits from Mr. Biddle, who goes all over the department.

Q. During the last year has Mr. Biddle been in your department?

A. Yes, sir; Mr. Biddle and Dr. Wetherill and Dr. McCloud frequently. We have a very large hospital and it necessary to call on them more frequently than some others do.

Q. (By Mr. Marshall.) Do the attendants sleep in the same wards where they work during the day?

A. Yes, sir; and it is a shame that they must occupy the same quarters.

Q. Do you think it is right for a man to attend the insane all day and then be housed with them during the night?

A. No, sir; we showed that in asking the Legislature to give us an appropriation for the erection of a Nurse's Home. We think after they have served a certain length of time among the patients they ought to be able to get out of it and get rested away from the scene of their work.

Dr. H. L. Orth recalled and testifies as follows:

Examination conducted by Mr. Snyder, chairman.

Q. Do the attendants sleep in with the insane?

A. A majority of the attendants sleep in different dormitories,

which has been brought about by the removal of the patients from the third and fourth stories and placing the attendants there.

Mr. Snyder, chairman. I now call upon Mr. William M. Geary, superintendent of the Bureau of Charities, in the city of Philadelphia.

Mr. William M. Geary testifies as follows:

Q. You are connected with the Philadelphia Bureau of Charities, which includes the Blockley Almshouse?

A. Yes, sir; as superintendent.

Q. How many inmates have you in your institution?

A. We had on the 24th of April, 1,444; I take that date because it varies; it varies every day with us, and we had on that date 671 men and 773 women. Seventy of the men epileptic, and 65 women epileptic; and when they become entirely insane they are put in the insane departments.

Q. You have no separate building for the confinement of the epileptics alone?

A. No, sir; we have not.

Q. What is the average proportion of attendants, numerically, to the number of inmates?

A. It varies according to the number of acute patients. We have 65 male attendants and 65 female attendants, a total of 130 average attendants; that is a little over one to ten. We have one ward where we have eleven attendants to forty-two patients, and another ward where there was one attendant and ninety patients; it goes according to the condition of the patient, some requiring more attention than others.

Q. What provision have you in the case of an outbreak of fire?

A. We have, in the first place, the Philadelphia Fire Department; we have four trained firemen in our institution, two at night and two in the daytime; they have the entire care of the institution as far as protection against fire is concerned. They make daily examinations and inspection through the buildings and report daily; and if there is anything inflammable or anything that needs attention they report it to me and it is remedied. In addition, we have a chemical fire engine, and in the office and other departments we have one or more fire extinguishers. We also have through the various wards standpipes to which is attached hose which reaches to every quarter of the buildings; and we have in the departments of the insane building, besides, enclosed fire escapes built of stone

brick and iron on which six men can walk abreast up and down.

Q. The buildings are two stories high?

A. No, sir; some parts are two stories high and others are three stories high. By the authority and advice of the State Board of Charities and the Bureau of Correction and Charities of the city of Philadelphia three stories were permitted to be put on some of the buildings and each one of every story has that fire escape in connection with the buildings, constructed of stone, brick and iron, rough cast.

Q. How are your buildings lighted?

A. By gas and electricity; the electricity we create on our own grounds; we have an electric light plant on our own grounds and from that is furnished the electric light.

Q. You have no private patients?

A. We have patients that pay. The patients who are admitted are supposed to be patients who are of the indigent poor class, but we frequently find that some who are brought there with that understanding either have estates, or their relatives, and in those cases we ask some compensation, but not as private patients.

Q. Do you make any difference in the treatment of them?

A. No, sir; they are with the other patients and there is no distinction as to the treatment.

Q. How frequently does the Committee on Lunacy and the Board of Charities visit your institution?

A. The members of the Committee on Lunacy and also the members of the Board of Charities visit us quite frequently; they come to us at irregular times, unannounced. Our office is open and there is no hindrance; of course they are Philadelphia members. I do not know of any outside members being there.

Q. I had reference to the State members?

A. Of course those who visit are members of the State Board but they are residents of Philadelphia.

Q. What kind of inspection do they make?

A. I don't know; they usually enter the premises without my knowledge and see me when they go out. They go through the wards and we have had them come there as late as eleven o'clock at night to see, I suppose, the condition of the institution.

Q. How are the patients admitted to your institution?

A. Admitted first on the certificate of two reputable physicians. In some cases they are brought to us by the police authorities who take them up on the street or bring them from the station houses and then they are brought there by the police surgeon, who sends us a statement stating that he examined the patients and they require hospital treatment; and the third class are those that are

admitted who come there as mild epileptic cases and if their disease results in insanity they are not put into the insane wards without first going into what we call the detention or observation ward; and I am glad to say that many of those who are in that detention ward never go to the department for the insane.

Q. What provision have you in the case of an outbreak of a contagious or infectious disease?

A. Isolation on the ground connected with the building, but we believe in preventing an epidemic, if it is at all possible, and we flatter ourselves in the fact that when there was an epidemic of small-pox broke out in this city sometime ago that there was but a single case, outside of twelve thousand cases, in that building that developed small-pox.

Q. A good many patients of Philadelphia are taken to the Norristown Insane Asylum?

A. Yes, sir; twelve hundred on an estimate are there now.

Q. They are not admitted except by order of the court?

A. Yes, sir; the court makes the order.

Q. What is the capacity of your present institution?

A. The maximum capacity is, according to air space, between 975 and 1,000, so we have over 50 per cent. over our capacity.

Q. Therefore you would not be able to take care of those at Norristown at the present time?

A. No, sir; not at the present, but I hope in the near future that Philadelphia will be able to do something better.

Q. What is your method for the discharge of a patient from your institution?

A. It is first passed upon by the physician in charge and if by proper examination he determines from the condition of the patient, that is, his mental condition as well as physical, that he is in such condition as to enable him to pronounce the man cured or improved he reports it to me and I consent to the discharge and issue the discharge. No person is admitted to the institution or discharged from it without the consent of the superintendent. Under the direction of the Board of Charities this morning I issued the orders for the discharge of four patients whom I believed were cured. Many times in the case of relatives they will make application to be taken out for thirty days on parole to see whether they are cured, and if they do not have any return of their delusion, hallucination or whatever it may be, they will stay out; and then there are some cases wher they would like to have the parole extended longer and under the law it is continued for thirty days longer, but the law does not allow it for a longer period than ninety days.

Q. How many physicians have you in your institution?

A. There is one chief resident physician and two assistant female

physicians, one assistant male physician, on the men's side, two additional physicians known as internes, and on the women side there are two female internes; and then we have what we term a neurologist; and this comprises the sole staff for the hospital for the insane.

Q. What system of religious observance do you have?

A. There are four different chapels in the institution but they are not distinctly in the department for the insane. In the department for the insane we have regularly every Sunday a service by some minister of some church, some denomination, and at this service they assemble, the women on the one side and the men on the other side, and there the services are conducted. However, they are not conducted in the usual form of church services but more in the line of a concert, more of singing than anything else, because a man without reason has to be reached by some other way than by direct methods. During the week we also have concerts for the entertainment of the patients.

Q. You have amusements of different kinds?

A. Yes, sir.

Q. Do you not believe that, so far as it is possible, the application of correct civil service principles for employment in the various hospitals would be beneficial?

A. Among certain classes of officers, but among attendants I do not think it amounts to that much (snapping his finger). "The most smiling face sometimes hides the sharpest tongue," and that is my opinion with attendants among insane patients.

Q. How are the attendants appointed; who appoints the attendants at the Blockley institution?

A. They are appointed by civil service rules under the Bullitt Charter of the City of Philadelphia, and every employe must go through a civil service examination that is held, as requested, by the various heads of departments. There was one held quite recently, it was held yesterday a week ago, and they furnished an eligible list on which the names are sent to the different departments. They send that list to me and I select from that list beginning at one end and making my selection and if a man appears competent for the work for which I select him he is retained; if he is cruel, intemperate, dirty or does not in any way meet the requirements of our institution he is not retained, nevertheless his civil service examination was of the best.

Q. He is on trial?

A. Yes, sir.

Q. Have you any suggestions or recommendations to make concerning the present laws providing for the admission of the insane in the hospital?

A. In the first place, I would suggest that the laws be amended and made more rigid for the admission of patients to insane asylums. I am fully convinced in my own mind, however, without positive proof anywhere, that people do go into insane asylums that could be cured in other places.

There are other suggestions that I think of, if you will permit me to make, in connection with these remarks: I might say that this institution is conducted a little different from other institutions; we have a combination of bureaus, we have the almshouse, the hospital general and insane asylum. I think some remedies can be made by law which will benefit the country in general. If I were to make the laws of Pennsylvania, as I feel now, I would make each and every county support its own insane, at least its own acute, even the chronic. For instance, a very good illustration occurred this morning. The friends of four patients came there this morning who had come yesterday to see about the condition of the patients; the physician in charge gave it to them and he said: "I am perfectly satisfied that these people can be taken care of outside just as well as here and perhaps better, because they will get more pure air and I don't think they will have a recurrence of the mania." Those patients were from Philadelphia and located, in consequence of that, near our institution; had their friends been from some other part of the State they would not likely have seen these patients and they would be in and not out. I dare say that it is the opinion of the attending physicians, the nurses and superintendent that if these friends have an opportunity to come and see the patients in whom they have an interest they will pay better attention to them. Again: The county authorities should provide for the maintenance of their own insane for the reason that they will insist that proper care and treatment is given the patients and it will result in reducing the expenditures to a very large extent. Again: I think the State of Pennsylvania should take the epileptics in charge and have a home or homes erected for epileptics alone because they are proper patients to put in a hospital by themselves and ought not to be in an insane asylum. We have in our institution to-day probably 235 epileptics; we have 11 idiots who are perfect idiots and they are under the age of fourteen. We have no other place to put those patients but in a room and a little yard but they should go somewhere else. We have no other way to do there.

Another thing: The State of Pennsylvania has chartered and to-day there are two institutions in Pennsylvania for the training of feeble-minded children. It originally issued to Dr. Carter, of Chestnut Hill, for the establishing of a training school for feeble-

minded children; they get excellent training there; I know that from having one hundred and sixty children down there and some of them made excellent improvement but the tendency is to let those children remain there. I found there last year one of our children forty-one years old, a pretty old child. I found thirty-two at the age of twenty-five years; they were being employed there and were practically self supporting. I recall this, that one of those children is a self supporting baker and gets nine dollars a week as a journeyman baker in the city. One as a laundryman took the place of a woman that we paid \$18 a month. There ought to be a home where there is some restraint to get to and where the idiots could go to. There is another thing, in connection with insanity about which I desire to say a word and which is of greater importance than all the rest and that is to get at the cause of insanity; and in my opinion it is in the jurisdiction of your committee to take that matter up and in order to do it I think you should make the marriage laws more rigid and more stringent. Sixty per cent. of the patients in the Philadelphia hospital, across the Schuylkill river, are tainted with insane blood, ten per cent. by alcoholism, leaving about thirty per cent. for all the other causes, epileptics and all others. Now a fair sample of that and that which called my attention first to the fact was a case in our institution like this. I will call him Mr. A. for identification: There was in our institution a young man twenty-two years of age who was an epileptic but not a serious case, he was practically self supporting and we used him in a clerical way and around the dining rooms but he had to be somewhat under restraint. We had in the woman's ward a young lady who we will call Miss B., she was also an epileptic as well as able to work and go about and earn her keeping with us; she cost the city nothing; she kept the rooms clean and did such other work that she was able to do; she was not quite eighteen. These two young people passed each other in the hall at times in their respective work; they were not permitted to mingle with each other but were compelled to pass each other in their work in the various things they had to do; in so doing they got confident and formed what I call a passionate feeling. Our young man twenty-two years of age, not being dangerous, asked for his discharge; of course it was granted. One of his friends came and took him away and in less than a week my attention was called to a marriage license being issued to Mr. A. to marry Miss B., and I called on the clerk of the orphans' court and he showed me that the young man had complied with every requirement of the law and he had nothing to do but to issue the license. Of course I was considerably worried over that. I knew what a marriage of that character would result in as we have so many examples in

our institution and the only thing I could do, having found out that the young man made oath that his bride to be was of age, was to scare him and threaten to prosecute him for perjury. In this I succeeded and obtained the marriage license and thereby prevented the marriage. We have three sisters in the Philadelphia hospital, each one of whom is the mother of a large family of children and the whole family is tainted, and I hold that if you remove the cause you generally have no effect afterwards.

Q. What do you suggest?

A. I would suggest that more rigid marriage laws be enacted and if your committee will permit me I would like to put the suggestions I have in writing.

Q. We will be very glad to have you do so and place in the hands of the secretary.

A. Of course my experience does not go back as far as some others. However, I have made a deep study of it and I have come to the conclusion that the first thing is to find the cause and if you find the cause you can possibly treat it with better success and as a result have less insane people.

Q. (By Mr. Bliss.) Do you keep a record of the nationality of your patients?

A. Yes, sir.

Q. How large a proportion of your insane are foreign born, or children of foreign born parents?

A. I cannot answer that without my record. I will furnish you with our annual report which gives the nativity, the age and everything connected with the patient. I will take great pleasure in giving your secretary the annual report as soon as it comes out of the hands of the printer.

Q. (By Mr. Marshall.) Doctor, what percentage of cures do you have among the patients of your institution?

A. I am not a doctor, I am merely a layman. That I cannot give you without my record. They all say that their institution compares favorably with the other institutions and I am very free to say also that our institution will compare favorably with any other institution in the number of cured cases.

Q. Do you think it would be advisable to have hospitals established in the rural counties?

A. By legislative enactment you have power to regulate that and I would suggest that where the population of a county is small make a certain number of counties a district and I would make a department of charities in the State of Pennsylvania and I would district Pennsylvania into charity districts just the same as judicial districts are apportioned among the counties of the State, and over each of those districts I would place a man and pay him for

his services. Your State Board of Charities and the Committee on Lunacy, outside of the officers, do not receive any compensation and in this age very little is being done without some compensation. Notwithstanding the care taken by the county I would absolutely have it under the supervision of the State.

Q. (By Mr. Bliss.) Have you any objection to submitting your views on that subject in writing?

A. Not at all and I shall be glad to put in that shape. I should have had a written statement at this time but I have been ailing since March and four weeks ago I lost my wife so that I have not been able to prepare a statement such as I would have been pleased to submit to the committee.

Q. (By Mr. Hall.) Do you believe there is anything more by reason of city life than in rural life that causes insanity?

A. Yes, sir; I do. There is more jealousy, more hate and more strain in city life than in the country; nature tempers us all and I think if you go to the corner of Market and 49th Street, where one of the most prominent asylums is located, they will tell you that a large per cent. of their patients are from cities and they will also tell you they are from the city for certain causes. I don't know what to call it: Passions, jealousies, hate. Then you get them closer together and that no doubt causes more trouble. My suggestion, that the laws be revised as far as getting into institutions is concerned, I think is one of great importance.

Q. Have you, in your experience, any knowledge of persons being committed to the insane asylum who are really not insane?

A. I think we turn out fifty-five per cent. in our detention ward that never go in insane wards. They have come in on a certificate signed by two reputable physicians, physicians who were honest and signed them conscientiously and believed what they did was proper, but when these people were taken away from their surroundings where they had been, probably under difficulties of family trouble, and taken away from there and put under restraint and got quieted down and treated physically, in a few weeks they would be turned out on the highway and go away all right, although at the time they were brought there it was thought, and honestly thought no doubt by the physicians who certified, that they should be placed in the asylum.

Q. What would have been the result if they had been put into a State asylum, many miles away from home?

A. I think it would be worse because they would have been placed in insane wards at once and the stigma of insanity would have been upon them. As I have stated we have detention and observation wards and when a patient comes to us, it does not make

any difference how prominent a physician may be who certifies his case to us, he goes into our detention ward, the males in the male ward and females in the female wards, and the neurologists who are on our staff look after them and the resident physicians are continually watching them and there they soon learn and determine what condition of mind they are in and what should be done with them. If the physicians, or neurologists, think they are improved or should not be put into the insane wards they are put in such places as they think right and proper for the best interest of the patient.

Q. They are first treated as invalids?

A. Yes, sir; they go into the Philadelphia hospital and if found insane they are transferred. They do not go there until the certificate is signed by the physician of the bureau.

Q. Don't you think if they were put directly into the wards with people who are insane it would have a very bad effect upon them?

A. Yes, sir; I certainly do. That is why we have our detention and observation wards; these wards are in existence for that purpose and to avoid the occurrence of such a thing that might be detrimental to the interest of the patient. We find some persons that if you would put them in there sane they would come out insane if you kept them there awhile.

Q. Do you think any person should be put into an insane asylum on the certificate of two physicians without a judicial inquiry?

A. A lawyer is as apt to err as a doctor.

Q. But it is taking away a man's liberty; do you think his liberty should be taken from him without judicial process and be determined before the court?

A. Yes, sir; in certain cases. In suicidal or homicidal cases it is very necessary to act promptly sometimes and you cannot wait until there has been judicial inquiry and a decision rendered by the court, but in ordinary cases I don't know but what judicial proceedings should take place and not let one or two physicians decide whether I am insane.

Q. You say that 55 per cent. of those who go into the detention or observation wards are not insane?

A. Yes, sir.

Q. Suppose on the certificate of two physicians those people had been put directly into your insane wards, do you think that 55 per cent. would go out sane?

A. No, sir; not 55 per cent. Of those we got a great many patients from the police department. You frequently read in the newspapers about people being picked up, on the streets, having a mania for something; they are sent to us by letter from the chief

surgeon, or district surgeon, stating that this person is demented or has a mania and he thinks he should be placed in the hospital. That necessarily does not come to us under the certificate of two physicians and we take into consideration when a man, who is a reputable man and a man of experience states that he believes that a party should be placed there, that we should accept it and act upon it, and we also get alcoholic cases in that way and they are included in that 55 per cent. Of course if a man has an ordinary disease he does not come there but if he gets a little wild he comes there.

I will furnish you with my written statement of my suggestions. Your secretary wrote me and asked me for some photographs. We have none distinctly of our insane department but I hand you a collection that we had taken in connection with our buildings.

Mr. Snyder. Is there any gentleman here, representing any institution, who desires to be heard?

(To which there was no response.)

Mr. Snyder. The county institutions who have not been heard through representatives will be visited by sub-committees.

On motion adjourned.

LEGISLATIVE COMMISSION TO INQUIRE INTO
THE CONDITION OF PENNSYLVANIA INSANE.

INSPECTION OF THE BLOCKLEY HOSPITAL,
PHILADELPHIA.

MAY 17th, 1902.





Philadelphia Hospital for Insane—Blockley—Front Entrance, Administration Building.



Philadelphia Hospital for Insane—Blockley—Hospital Gate.

INSPECTION OF THE BLOCKLEY HOSPITAL, PHILADELPHIA, MAY 17th, 1902. .

The Commission visited Blockley Hospital, located at the corner of 34th and South street, Philadelphia, Pa., on Saturday, May 17, 1902.

There were present of the Commission Messrs. Snyder, Chairman, Heidelbaugh, Bliss, McClain, Hall and Anderson, and Mr. Frank Cheney, assistant secretary of the Commission.

They were received by William M. Geary, the superintendent of the institution, who, together with Dr. Hughes, conducted them through all the departments, including the insane wards connected with the institution and were thus enabled to inspect everything. They visited the women's department at a time when the patients were seated at the table at the noon meal, thus observing the discipline exercised. They also visited all the dormitories. In passing over the grounds and through the corridors they were enabled to inspect all the inmates of the almshouse and hospital.

The Commission was conducted to the surgical department and witnessed an operation upon a patient for gangrene. They were also conducted to a room where the X-rays was operated and the physician in charge demonstrated its principles as well as gave several practical illustrations of its usefulness in detecting foreign substances in the human body. He also exhibited a number of photographs which showed the construction of the human body and displayed the X-rays in its wonderful powers as a searchlight. They were also shown the prison for the occupancy of intractable patients and found only one inmate.

The clothing department was also visited and it was explained to the Commission by the superintendent that the clothing, mattresses, shoes, etc., were all made upon the premises by patients, thus diminishing their cost of maintenance.

A brick building was also shown the Commission, in course of erection, which was explained to be for the occupancy of children or infants confined in the institution.

The Commission was also shown to a room where idiots were confined, there being fifteen small children in the room with two attendants in charge.

In passing along the Commission was shown a room where it was explained by Mr. Geary that every one immediately upon becoming

an inmate of the institution was compelled to take a bath, and that it made no difference whether he had one an hour before he entered the institution; that he must be thoroughly clean before he could be admitted.

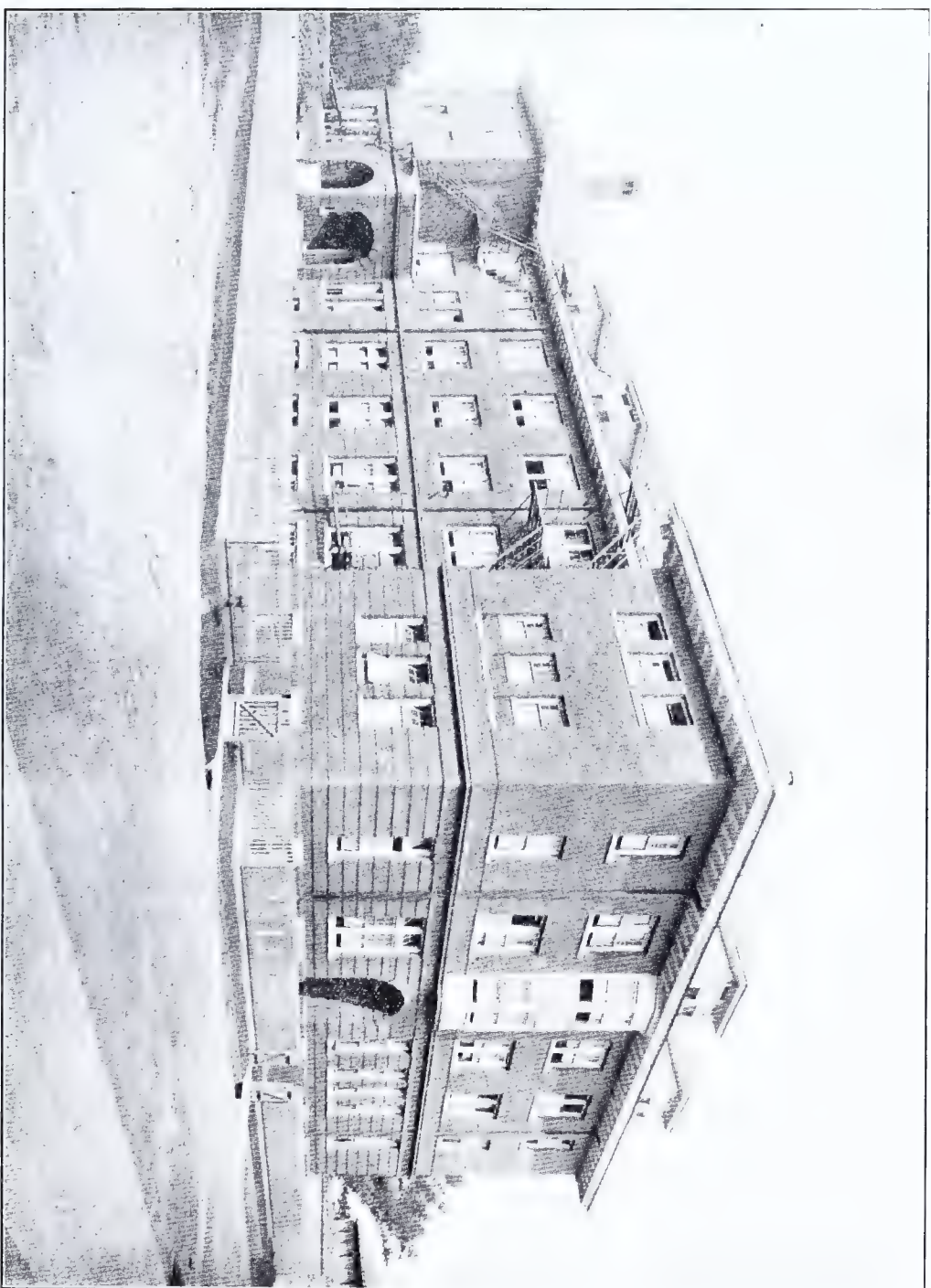
Subsequently an unofficial conversation was entered into between Mr. Geary and the various members of the Commission and some questions were asked and answered, the substance of which was about as follows:

Mr. Snyder (to Mr. Geary). Have you suggestions to make for the improvement of the laws now in existence in regard to the treatment of the insane?

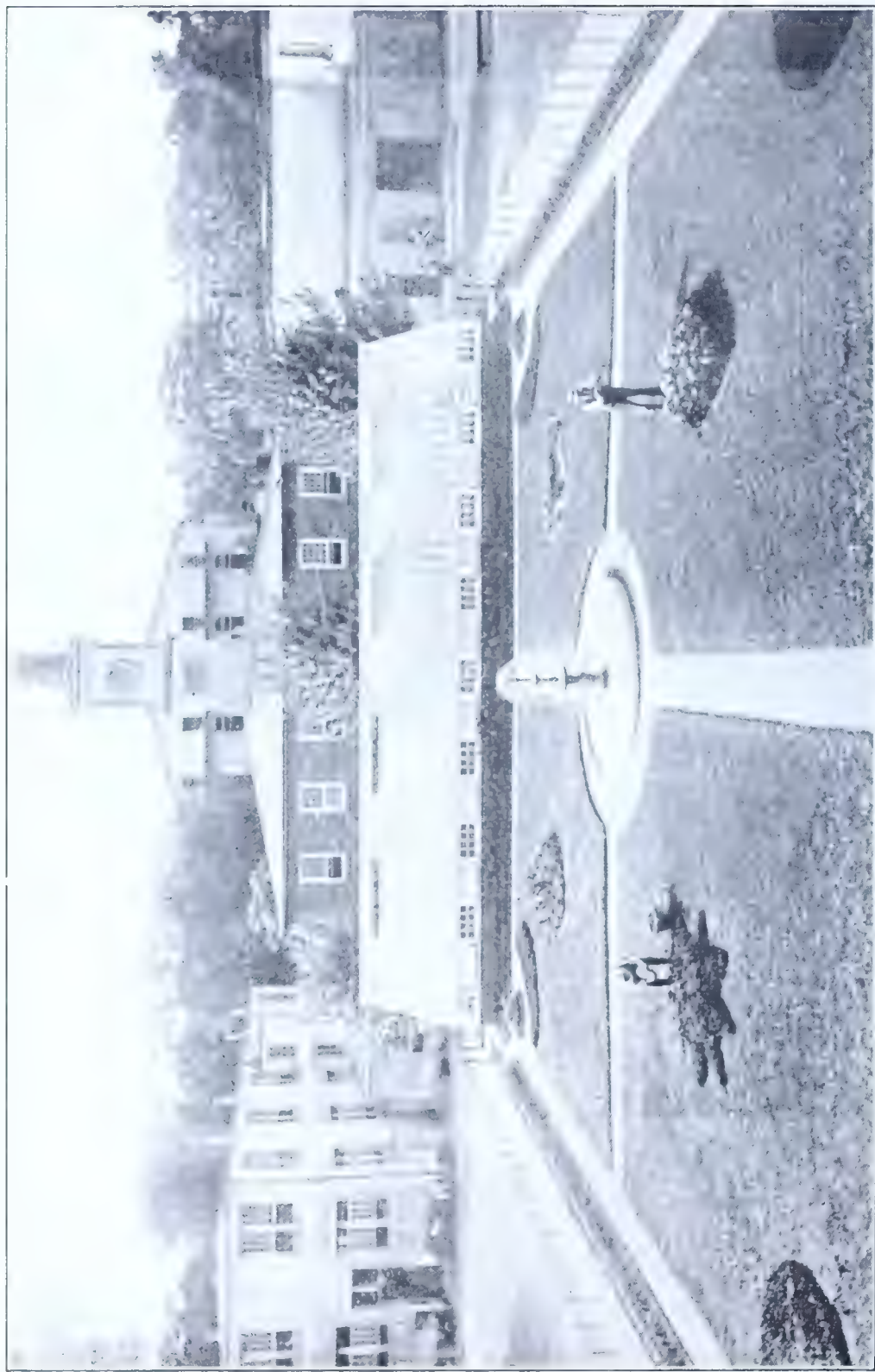
Mr. Geary. I have some suggestions that I would like to express to your committee. I have already stated that I would prepare a statement embracing certain ideas. There are some things I think ought to be improved. There are some things that I think the State of Pennsylvania ought to do. I am sure that Dr. Hughes and the rest of the executive staff of this institution will bear me out in this assertion. Therefore, I have some suggestions to make that I think will be useful to be applied in formulating a new law for the government of these institutions.

This place is a little different from any other in the State of Pennsylvania, or in America. You take New York state and they have Blackwells Island, Ward Island and Randall's Island, three distinct islands and each one has its different governing head. They are separate and each one has an experience of his own, while here we begin from the birth and follow the patients to his or her death. Dr. Hughes has been here for the last twelve years; he has general charge of the hospital and charge over the insane and in that time a man must gain a certain amount of knowledge in order to be in close touch with all the necessities of such an institution and this is obviously of great importance. He will learn what is necessary and required and others who have an experience here will also learn much in treating these poor unfortunates. In the office where I am situated these strange happenings come up daily. For instance, at present I am trying to make a man court his own wife. They have been married for a number of years and they separated and I am now doing my utmost to get them together. I am taking care of four of their children and I am very anxious to get them together.

There are a great many things occur that if I should strictly live up to the law in arranging them would work hardship for those concerned; for instance, on Monday Dr. Hughes is going to discharge a woman. If I would strictly comply with the law in that case I would turn her on the street and in less than three months she would be a common prostitute. Instead of doing that I am going to find a home for her where she will earn her own living and sustain



Philadelphia Hospital for Insane—Blockley—House for Nurses.



Philadelphia Hospital for Insane—Blockley—Garden in Center of Court Yard in Men's Out Wards.



Philadelphia Hospital for Insane—Blockley—Male Insane Exercising Yard Showing Part of Ward Buildings.



Philadelphia Hospital for Insane—Blockley—Court Yard of Men's Out Wards.



Philadelphia Hospital for Insane—Blockley—Isolating Building.



Philadelphia Hospital for Insane—Blockley—Interior of a Surgical Ward.

herself and be a credit to herself and the citizens of Philadelphia; and I will take care of the infant by finding a home for it and having it adopted (if I can) in a respectable family and make a good citizen of it. But if I should strictly comply with the law I would say to the doctor in charge, "discharge that woman on the highway," and if that was done she would be cast adrift to shift for herself and be a disgrace to the community in which she would mingle. There are lots of things of that kind that I think would be of use to your committee to know when it comes to the time that you wish to make up your report.

There are some things in which probably I may be a little in advance of the times but I don't think I am too far. Since my occupancy of the office of superintendent of this institution I have been studying and investigating and looking up records. In the state of New York eighty-two or eighty-three years ago there were five sisters born and raised and in seventy-five years the descendants of those five sisters numbered 1,287 persons and every one is a charge on the state of New York. They constitute 281 paupers in pauper institutions, 91 insane and 160 prostitutes. Ten were murderers and the balance in some way or other became a charge upon the state of New York. Such facts as these, I think, are matters to be taken into consideration in the formulating of laws for the improvement of different conditions which exist in our day. I think Dr. Hughes will confirm me in this, knowing as we do that there are three sisters in the insane department of this institution, each one the mother of children.

There is another vital point. I do not think it ought to be the easiest thing in the world to commit a person to any insane asylum. I do not believe to-day that there is a human being, man or woman, that has not some cranky notion in his composition; the only thing to do is to find the handle of the crank and turn it and it will become manifest. But it does not necessarily follow that you should be locked up in an asylum.

There is another thing; I directed the chief clerk to be here in order that he might give us any information desired on the subject of maintenance. Under the county act we are paid \$1.50 a week; you get a little more than that at Norristown but the State pays a little more to make up the difference. In 1891 the net cost to the city of Philadelphia for the patients under the care of Dr. Hughes was seven cents a day for 1,400 patients, or 49 cents a week for clothing, shoes, hats, repairs to the institution and everything.

Mr. Bliss. Do you charge up the attendants' salaries?

Mr. Geary. Everything, the doctors, the clerks and everything;

that is the net cost to Philadelphia for maintaining its insane poor plus what the State gives, \$1.50.

Mr. Bliss. I think we had better cut down the appropriation to this institution.

Mr. Geary. No, I would not like you to do that.

Mr. Snyder. That would be \$1.99 a week per capita.

Mr. Geary. Yes, sir; this institution is an institution of the city of Philadelphia. The greatest number are supposed to be paupers but a great many prefer to come here and be treated because Dr. Hughes knows that the city of Philadelphia is jealous of its money and the better work he can do and the more patients he can turn out cured, the better it will be for him, therefore instead of keeping the patients in this institution for the purpose of making money he wants to turn them out as soon as he can, having in view the cure and restoration of the patients and whatever is for their best interest, because in doing that the better reputation he makes for himself. The more he cures and turns out the more credit will be given as a competent man in the position he occupies and it is his effort to cure them and get them out as soon as possible without injury to the patient. He knows the better record he makes for himself the more secure his position will be.

Mr. Bliss. You take care of them for less than \$2 per week per capita?

Mr. Geary. In some cases we collect more from the man who comes in. For instance, a woman comes in and we find that her husband has a certain income and then he is required to pay a certain amount of money for her maintenance. It is my duty to save as much as I can for the city of Philadelphia. If that man makes twenty dollars a week there is no reason why the city or State should pay for the maintenance of that woman entirely and I assess him to pay something towards her maintenance, not to make money but for the purpose of saving as much as possible to the city.

Mr. Geary (to the Book-keeper). What was the actual cost for maintenance?

The Book-keeper. Thirty-five cents and a fraction a day.

Mr. Geary. That included my pay, Mr. Smith's, Dr. Hughes, and everybody connected with the department. It includes the repairs to the building, the roof and everything. The State gives \$1.50 towards each one; the balance, less seven cents a day, is what we collect from the relative or friends or from their own estate and it leaves for the city of Philadelphia the net sum of seven cents a day, or 49 cents a week for maintaining them. If you can equal that in any part of the State let me know where it is. At the Boston City Hospital (I hope you will look at it because it is connected with the State of

Massachusetts) the cost per patient is \$10.47 a week, while it is \$2.78 and a fraction for the Philadelphia hospital; that includes medicine and everything and that is what brings down the cost of the insane department. So I think that Philadelphia can do better than continue to take care of its insane patients while it costs more than that at Norristown. We have more cures here and I will defy contradiction in saying that we attain better results than any other hospital in the county of Philadelphia.

Mr. Snyder (to Dr. Hughes). What is the percentage of cures, take the admissions per year?

Dr. Hughes. Twenty-five per cent.

Mr. Snyder. What is it at some of the State institutions, say Norristown?

Dr. Hughes. About fifteen per cent.

Mr. Snyder. What is it at Harrisburg?

Dr. Hughes. About fifteen per cent. At Dixmont about eighteen per cent. and at Danville it runs about seventeen per cent; that is, on their yearly admissions.

Mr. Bliss. Don't you get a good many patients of a kind not sent to the State asylums at all but only temporarily affected?

Dr. Hughes. They were very prompt to take them to Norristown from Philadelphia when they had the room. It is within a few years that they asked the board of judges not to commit any more to Norristown on account of their crowded condition there.

Mr. Geary. Philadelphia has to-day at Norristown over 1,200 inmates in the Norristown asylum, about one-half the number are there, and she has at Wernersville about 363. The State Committee on Lunacy makes a demand on the Philadelphia hospital and directs us to send 25 men and 5 women to Wernersville, in other words, to transfer them from this institution to the Wernersville hospital. They all come under the law of the State Committee on Lunacy and under the Board of Charity. They took from Dr. Hughes 25 of the best men he had and the five best women he had, they were first class patients, and they would come and say we want those and they were sent to Wernersville. Every one of those patients were practically able to support themselves, under restraint, of course, and we should have had the benefit of our best patients rather than sending them away to another institution. I thought that was not a "square deal" because I did not think that Dr. Hill should have a better chance at that institution than I should have here and I told Dr. Hughes that whenever an allotment is sent that he should select the second or third class people and let them go there and that we would keep the men and women that we could put over in the sewing room or laundry room and in that way maintain

themselves and let the Wernersville hospital take its chances with the rest, and we sent a few of them there and a few they sent back, but they are not getting our first class patients now; they are getting our second class patients and let them get the work out of them.

Mr. Hall. Would not a local hospital for the chronic insane, say for the worst and most troublesome cases, be a benefit?

Mr. Geary. If they were for the worst cases.

Mr. Geary (to Dr. Hughes). As a general rule what is their general condition?

Dr. Hughes. At any time after ten years they are practically helpless patients.

Mr. Hall. Why shouldn't they all be taken there and these active ones be left to the other institutions?

Mr. Geary. As I told your committee before, I believe these patients should be treated within or as near their homes as possible. This place is visited by from three to five thousand people every week and if we would open the doors a little more it would probably run up to eight thousand people. There are actually within the walls of this institution 3,900 to 4,000 patients, not all insane but some on the road. You have the epileptic and the nervous people only waiting until their brain becomes befuddled and then they will be compelled to go to the insane asylum. There is no remedy for them, some senile and others affected by paresis and they all get in there and I don't believe in taking the chronic, the acute or any others very far away from their homes.

Mr. Hall. What character of cases should be committed in case there is a chronic insane asylum built?

Mr. Geary. Every one that is chronic. If you are going to assort the sheep from the goats; that would mean all those except the acute. But there are some of the chronic insane that you saw—you saw some people over there to-day who are practically insane but only insane on one certain subject. There is one little German over there who imagines he is Bismarck; if he remains with his friends he is all right but if you let him go out to the public at large he would be arrested by the police every 24 hours. So all through the place, if you would take the ones that are chronic or have certain delusions, they are not all entirely insane on all subjects but will talk to you all right on some subjects.

Mr. Geary (to Dr. Hughes.) There is one patient over there that has a delusion in connection with the government?

Dr. Hughes. Yes, sir; he has a series of delusions; he believes he is persecuted or libelled and wishes the United States government to clear him of the charges.

Mr. Snyder. He has been here since 1882?

Dr. Hughes. Yes, sir; he has been in the asylum twenty-two years.

Mr. Snyder. Didn't he intend to assassinate James G. Blaine at one time?

Dr. Hughes. No, sir; that was misconstrued at the time; the fact of it was that he wanted him to take him to the man that assassinated James A. Garfield.

Mr. Hall. Is he dangerous?

Dr. Hughes. At times he is very dangerous.

Mr. Hall. If you were going to select ten men to be sent to the Wernersville asylum would you put him among the number?

Dr. Hughes. No, sir; not under the law. The law requires that they shall be able bodied and quiet patients.

Mr. Geary. The law says that they shall be able to do labor: Manual, mental or otherwise, as you and I could. That is what Wernersville is. Now there are men from here doing clerical work at Wernersville and doing farming at Wernersville and who also run the machinery and there are women from here waiting on the table and working in the laundry. Wernersville was established to be a self supporting institution.

Mr. Bliss. That was the object of the Wernersville institution, that they should support themselves at the lowest possible cost. It cost them something over two dollars a week for maintenance.

Mr. Hall. Couldn't you send away from this institution fifty men who are practically incurable and it would be best for you?

Dr. Hughes. Yes, sir.

Mr. Geary. Let me take from fifty or five hundred and take them away from here; they finally grow mellow; to-day they are hearty and healthy physically. In a little while their relatives come here and visit them under the supervision of Dr. Hughes. After a little while they are not dangerous or vicious and their friends take them and support them.

Mr. Hall. They would not number five hundred?

Mr. Geary. Well, I think I can cite seventy-five or one hundred put on parol in a day.

Mr. Snyder. What are the percentages of cures at Wernersville?

Dr. Hughes. They say they discharge about five per cent. every year.

Mr. Geary. Chronic means anything you cannot cure, as when you have a chronic habit or chronic disease that is supposed to be incurable, but yet they turn out five per cent!

Mr. Snyder. Of those twenty-five per cent. that you turn out as cured how many return, or are sent to an insane asylum?

Dr. Hughes. Of a given percentage absolutely cured, say twenty-

five per cent. we will discharge and not over ten per cent. of them will ever return. We have watched that here for a number of years and of the twenty-five per cent. fifteen per cent. are absolutely cured and ten per cent. may come back.

Mr. Geary. As I said before, and as Dr. Hughes will verify me, between fifty and sixty per cent. of the patients that are here are here because it was born in them and will stay in them; there is no cure for them. It is like scrofula and there has never been any medicine created to take it out. Prevent the cause and you will have the best result.

Of course there are some men who come in here who have been bright and intelligent men and who have for some cause or other lost their mental capacity. It may be from some excessive practice, from family troubles or financial difficulty. That is the trouble with us all, we are trying to crowd in the twenty-four hours what the quiet fellow will take a week to do and we go on and on, rushing into this and that, and do not stop creating causes.

Mr. Snyder. In these idiotic cases are they mostly attributable to the parents?

Dr. Hughes. It is very hard to get a history from the parent of an imbecile child; they don't want to tell and will not tell the truth.

Mr. Geary. At Number — Vine street, they have two children and the woman has since said that she will have no more for the reason she knows that every child she brings on earth will be an idiot or feeble-minded. There is down in one of the lower wards seven children and every other one is an idiot and the woman was married to another man before and had ten children and every one of those ten children are as clear as any one.

Mr. Snyder. What percentage of insanity is traceable to syphilis?

Dr. Hughes. Very small.

Mr. Snyder. How much to consumption?

Dr. Hughes. Three or four per cent.

Mr. Snyder. How much to alcoholism?

Dr. Hughes. That is not near as large as it was at one time. It is supposed that the alcoholic who become insane have been born deficient; that there has been some mental enfeeblement that the alcoholic practice has made them insane.

Mr. Geary (to Dr. Hughes.) I want to ask Dr. Hughes this question: A man, cohabiting with a wife, under the influence of liquor, intoxicated, what will he produce?

Dr. Hughes. He will produce a child that in time, about that age, will become a drunkard, or run a risk of being an epileptic or a drunkard.

Mr. Snyder. How about masturbation?

Dr. Hughes. Not near so common a cause.

Mr. Snyder. How about acute nervous diseases?

Dr. Hughes. A large proportion. The great increase in the population in the last twelve years has been followed by an increased percentage of patients from nervous debility, or neurasthenia, which resulted in melancholia. They are prolonged cases in a vast majority of instances.

Mr. Bliss. How many business men, who are capable of transacting a small amount of business—how large a proportion of them?

Dr. Hughes. We don't get that character of patients.

Mr. Geary. They object to coming here but they are coming here more to-day than they did five years ago. Those that objected to coming here at one time prefer to come here because they have learned that it is to the interest of the authorities in the Philadelphia hospital to produce as large a number of cures as possible. They learn that and in consequence they come here and a man gets nearer home and the nearer home he gets the more he is watched by his friends because of the better opportunity to get to see him; while if they are sent to Pittsburg or Allegheny they do not get there so often, probably twice a year. The doctor will tell you that there are a number of them here who are never visited but that is because they have no friends. Only quite recently a woman died in this institution who was committed to the hospital in 1845, Mrs. Isabella White, she was here fifty-six years. She was committed on the 12th of December, 1845, and at the end of this year, December, she would have been here fifty-seven years. Nobody visited her; there was not a friend to claim her body when she died. If she had been far removed there would have been excuse for her relatives not to come if she had any, but she had none.

Mr. Hall. Have you ever made a study of the subject of contracting patients out, or boarding them out, similar to the system that is in practice in Belgium, where they put them out through the country?

Dr. Hughes. That system originated in Scotland. However, it is done in Belgium. In Scotland there are probably a thousand every year under the Board of Charities for Scotland. They simply take the chronic incurable, the quiet insane, such as we are sending to Wernersville and having families take them, where they have small farms and having them do some kinds of work that they are able to do. They take them and support them and sometimes pay them a revenue.

Mr. Geary. It is similar to what you are doing in this State. There are about thirty counties in this State that are putting them

out at auction, putting them on the block and selling them to the lowest bidder.

Mr. Hall. Do you think it would work in this State?

Dr. Hughes. No, sir; I don't think it would. It was tried in New York state and it was a failure.

Mr. Bliss. It is impossible to look after them when they are scattered around in different sections in that way?

Dr. Hughes. Yes, sir.

Mr. Geary. To-day, in Pennsylvania, slavery exists. There are counties in Pennsylvania where if I am a pauper and I am without capacity to take care of myself they put me up on the auction block and ask you gentlemen how much you will keep me for: Ten, twenty, twenty-five or thirty cents a week and where a man thinks I am a hearty eater they will ask more. That is done all over the State of Pennsylvania.

Mr. Bliss. As a rule they are very well taken care of?

Mr. Hall. Very frequently they are placed among persons whom they know.

Mr. Geary. They look upon these people from the standpoint of their age, their ability to take care of themselves, their ability to do something and all that is taken into consideration and then they say how much they will keep them for per week or per month.

Mr. Snyder. Do you think that if these counties erected separate insane asylums, like in Chester county and Luzerne county, that they could take as good care of the insane as can be taken care of them in hospitals like this?

Dr. Hughes. Yes, sir; I think so.

Mr. Hall. That must presuppose a building erected for that particular purpose?

Dr. Hughes. Yes, sir.

Mr. Geary. You saw those old buildings, which were erected fifty years ago, and I defy contradiction of anybody connected with any State institution in Pennsylvania to take such promiscuous buildings and produce more cures than Dr. Hughes has done here.

Mr. Hall. Were not those buildings erected for that time?

Mr. Geary. Yes, but you take your profession and they did not do what they do today in it. It is necessary to keep up with the rapid progress of the times and keep in touch with everything that will promote the best interests of the institution.

Mr. Hall. I agree with you in that. I know I went on a city newspaper in 1884 and the methods are very different now from what they were then in the transaction of business.

Mr. Geary. It is the same way with the insane.

Mr. Snyder. Suppose three or four small counties went together

and by mutual agreement erected an asylum among them, wouldn't it be practicable for them to do that?

Mr. Geary. It would, and I said so the other day. You gentlemen of the Legislature formulate laws for the State of Pennsylvania. You say that Philadelphia is one judicial district; not long ago you had Bucks and Montgomery counties for one judicial district and you found it was getting too large with one set of judges and by the power and authority vested in you through the Legislature you divided them and made separate judicial districts. Why should you not divide the insane districts in that same way?

Mr. Snyder. In addition to having county institutions what State institutions would you have, would you have one for the criminal insane?

Mr. Geary. No, sir.

Mr. Hall. Not for the convict insane?

Mr. Geary. No, sir; I would let each and every county keep its own insane. Dr. Hughes takes care of Barnhart over there and there is no worse criminal in America than he is.

Mr. Hall. Suppose a man was put in the penitentiary and become insane wouldn't you distinguish between a man who was acquitted of a crime because of insanity and a man who became insane afterwards?

Mr. Geary. I would not because a man who becomes insane after he commits a crime is also a man without reason; his former condition in life has nothing to do with his present condition. Take a man like Malcolm Ford, who murdered his brother, I suppose he was insane when he committed the act which resulted in the death of his brother; he is committed to an asylum, would you say he should go with the burglar and murderer, a man who pursued a lifetime of crime and was committed because of insanity? Both have lost their reason. Take this illustration: A man like myself, I have committed no crime that would hang me, suppose I went insane and after I was insane I would do that, why should I be ostracized? Why should I be put in a place with a man who has been a criminal all his life. How different should I treat you than the one who has been insane? I don't believe that when a man has once lost his reason that there is any sensibility, but that any finer feelings of sensibility are all gone.

Mr. Hall. I heard one of those women at the table protest and say within our hearing, that she had not been accustomed to associate with that class of people.

Mr. Snyder. What classification would you have in the State institutions?

A. I would not have any. I would do this: if I was regulating

this whole business I would place every insane person in charge of their own municipality. The county of Philadelphia, created by you gentlemen, or your predecessors, made it a municipality. You gave it certain rights within certain bounds and having that power you can provide for its doing other things within certain bounds and I would make it take care of its own people, the insane, the criminal insane and every other class, and likewise the counties should be compelled to take care of its own.

Mr. Bliss. Every municipality has hoisted upon it many who do not belong to it, what would you do with those?

Mr. Geary. Then do like we do. I am receiving them from Allegheny county to day and from Delaware county pay patients in this institution.

Mr. Bliss. Suppose it happens to fifty or five hundred who come across the line from Delaware and Jersey, what are you going to do with them?

Mr. Geary. Send them back.

Mr. Bliss. That is impossible and furthermore it would be inhuman to do so.

Mr. Geary. The Commissioner of Charities of the state of New York sent to me within six weeks word that they had a man who is a citizen or resident of Philadelphia. He proved to me before the man came here that he was a resident of Philadelphia and I accepted him and placed him in the institution.

Mr. Bliss. You have heard of the case of the Norwegian sailor, in Delaware county, who became afflicted with leprosy, there was no place to send him and he could not be sent back to Norway; the county of Delaware had to take care of that man for ten or fifteen years, up until he died.

Mr. Geary. That is one of the exceptions that proves the rule.

Mr. Bliss. It is one of the hundreds of cases in all the asylums and institutions of the State.

Mr. Geary. In this institution we receive from the immigration office all kinds of foreigners. They telegraph us from the steamship landings that there is one, two, three and as high as a dozen. At the time they land here they come here as pauper patients but the United States government pay us. The sergeant of the Marine hospital comes here and examines them and he goes back to Mr. Rogers and tells him that Mr. So and So is cured and we discharge him and the government pays us and in one year they are citizens of Philadelphia.

Mr. Bliss. Suppose they come from New York, what is done with them?

Mr. Geary. We keep them.

Mr. Hall. Here is a wonderful institution but it belongs to a county with a population of over a million people. You go with me to Forest county, Cameron, Pike or Adams county and go to the almshouses and you find the conditions very different. Would you send the insane to those almshouses?

Mr. Geary. I would, under the law as passed at Harrisburg, compel those counties to provide the necessary facilities to take care of those people. Every county of the State has a physician attached to it and sometimes they don't go there.

Mr. Snyder. How are the children sent to Ellwyn?

Mr. Geary. The city councils of Philadelphia has made an appropriation which allows me to send 160 children there at \$175 per year for each child. That many go there and you are the ones that designate who you wish to send there and when that quota is filled they notify me that they have the requisite number. In Philadelphia each member of the House and Senate gets a certain number allotted until the quota is filled. They make a certain application through the request of some of their constituents and these children are sent there in charge of a physician and if they are found to be curable they are kept. I have letters to-day to some members with some such statement as this: "I am very sorry to tell you that John Jones who wants his son Jimmy Jones admitted to Ellwyn cannot be admitted because of inadequate appropriation. We suggest that you see Geary of the City Charities and probably he can help you." I take that up and do the best I can and I sent one to Dr. Hughes this morning but I do not have much to do with that as I depend on Dr. Hughes because I am not a professional man. He reports to me that Jimmy Brown, giving another illustration of its workings, that Jimmy Brown was examined this morning and is so and so and I think he will improve in a year's time at Ellwyn, and in that way our quota is filled and when my quota of 160 is filled I stop. I have plenty of cases that I don't think ought to go to Ellwyn. Ellwyn was originated by Dr. Kerwin; it was not chartered for a Home but for feeble-minded children. Last summer I took Dr. Hughes and a few nurses and we went there and we asked for our children and they brought them all in and Dr. Hughes and others made a personal examination and a physical examination of them there. I just sat there and glanced them over, not being a medical man, but I formed my own opinion about them. We came back and I took away thirty-two people, the oldest forty-one years old and the youngest twenty-six years old. Less than three weeks ago there was a man in Ellwyn seventy-five years old and he was supported by the State; I don't think a man at seventy-five years of age is much of a child.

Mr. Heidelbaugh. I thought that was intended as an institution for patients who were improvable?

Mr. Geary. Exactly my view and for that reason I took thirty-two away from there. Up there in the kitchen is a man that has my clothes on; he is a large, stout and robust looking man and he goes around and says that he is the superintendent of the institution and yet that man earns every cent that it costs the city of Philadelphia to maintain him. He was taken from Ellwyn and is about twenty years of age. I would rather eat a chicken cleaned by him than by many who are employed as experts in the business.

There are two things for your committee to do, first, revise the law as to committing patients to the insane asylums. Second, you want to buy a home for the State to provide a place for the idiots and imbeciles. You saw those children downstairs (meaning the idiots); they were in excellent humor to-day; I am sorry they were not in their regular tempers for you would have run out of their room had we found them as they usually are.

Mr. Snyder. Where do you put them after they get older?

Mr. Geary. They stay there until their brain gets less and less and they land over there (pointing in the direction of the insane asylum).

Mr. Bliss. How long do they live?

Mr. Geary. I could not say.

Dr. Hughes. About as long as any others.

Mr. Geary. You gentlemen passed a law last winter and the Governor vetoed it; it was just what I wanted and you ought to pass it again. It was what was known as the Willard bill for the prevention of idiots. That bill was all right and I am very sorry that the Governor did not sign it; it will come to that yet. You have to pass those kind of laws to make this Nation stronger and better and the people in it unaffected by mental weakness. If you let it go on after while we will be a Nation of weak brains and many lunatics.

Mr. Hall. That never was impressed upon me so much as it was to-day and seeing these people as we have seen them.

LEGISLATIVE COMMISSION TO INQUIRE INTO
THE CONDITION OF PENNSYLVANIA INSANE.

INSPECTION OF THE STATE INSTITUTION FOR FEEBLE-MINDED OF WEST-
ERN PENNSYLVANIA AT POLK, PENNA.

MAY 26th, 1902.





State Institution for Feeble-Minded—Polk—Front View.



State Institution for Feeble-Minded—Polk—Main Buildings from Northeast.

INSPECTION OF THE STATE INSTITUTION FOR FEEBLE-
MINDED OF WESTERN PENNSYLVANIA AT POLK, PENNA.,
MAY 26, 1902.

The Legislative Commission, to investigate the condition of the insane, left Broad street station on May 25, 1902. When the Commission arrived at the Polk institution there were present of the members Messrs. Snyder (chairman), Marshall, Heidelbaugh, Bliss, Hall, Anderson and McClain, together with Frank T. Cheney, assistant secretary, and J. F. Cumings, stenographer. They arrived at Polk, Pa., on Monday, May 26, 1902, at 12.30 P. M., and were met by Dr. J. M. Murdoch, superintendent, together with Doctors Weaver and Mossman.

A tour was made of the entire series of buildings composing the institution for feeble-minded. Each ward was visited and the inmates seen who were there at that time. The Commission were shown through the various dining rooms while the inmates were at dinner. An inspection was made of the sleeping rooms and the stair-cases leading from one floor to the other, including the fire escapes, in order to determine the adequacy of escape in case of fire.

The school rooms were next visited in which classes of children were being instructed and the methods of instruction were explained. In the kindergarten department the children were engaged in making various trinkets similar to those made in other schools of a like character. In the workshops a number of the inmates were found employed in carpenter work, carpet weaving, making stockings by the use of knitting machines, making mattresses for the use of the institution, assorting of hair for the same, making of brooms, etc. In the shoe department shoes were being made and repaired; the tailor shop was busy with clothing for the use of inmates; and another shop was used for chair making and repairing. In all these various departments the work was being done by the patients, the head of the department alone being a paid attendant. In the laundry the Commission had an opportunity of seeing the inmates at work at all kinds of laundering, including the operation of a mangle. The power house, the store room, the refrigerator or cold storage were examined. In the hennery incubators were in operation. In the stables it was stated that there were seventy-five cows and sixteen horses kept for the use of the insti-

tution. The water reservoir was empty at the time for the purpose of cementing the bottom, the size being 100 feet square by 12 feet deep; it furnishes water throughout the entire plant by the gravity system.

In the evening the Commission visited the chapel, where earlier in the day several classes of children had been seen engaged in various calisthenic exercises. All the inmates, who could be brought from their rooms, were brought to the chapel with nurses in charge. A band composed of inmates furnished music to which the children danced. There were also some games played in which they took part with great zest.

During the afternoon the Commission saw two Cretins, deformed and helpless idiots, one 39 and the other about 30 years of age, both being females; the one 39 years of age was 30 inches high. There were several cases of Microcephalous children, one being a woman grown; three of these, two girls and a boy, are brothers and sisters. The Commission also saw the inmates at their exercises walking about the grounds in charge of their attendants.

The piggery was also inspected, where shoats of all sizes were being cared for. The boys' garden was also shown the Commission. It was stated to the Commission that 1,000 bushels of potatoes were raised annually. All the articles made and produce raised, however, may be ascertained in the printed annual report of the institution.

A formal meeting of the Commission was held in the reception parlor of the institution where Dr. Murdoch answered questions propounded to him by the chairman and other members of the Commission, a report of which is hereto attached.

Dr. J. M. Murdoch testifies as follows:

Q. (By Mr. Snyder.) Of the patients you have in this institution what percentage are epileptic, or have an epileptic history?

A. We have about two hundred, between one hundred and fifty and two hundred, being from twenty-two to twenty-five per cent. epileptic.

Q. What per cent. of cures, or supposed cures, do you have of that number?

A. It would be quite small, not more than 10 per cent.

Q. (By Mr. Hall.) You mean of the 22 to 25 per cent?

A. Yes, sir; that 10 per cent. would indicate about the percentage of the feeble-minded, of those whom we receive and who are fit to go out into the world. We occasionally get children where the apparent condition is due to some disease which can be corrected, or through some lack of training of sense which can be remedied by training.

Q. (By Mr. Snyder.) What is the family history or great percentage of the cause of it?



State Institution for Feeble-Minded—Polk—Centre Group and North School.



State Institution for Feeble-Minded—Polk—Cottage Scene.



State Institution for Feeble-Minded—Polk—Kindergarten.



State Institution for Feeble-Minded—Polk—Cottage No. 4.



State Institution for Feeble-Minded—Polk—Manual Class.



State Institution for Feeble-Minded—Polk—Lloyd Room.

A. We find heredity plays an important part in the cause of it.

Q. (By Mr. McClain). Doctor, of this number that you send away as cured is it likely that they will transmit to posterity their malady, I mean of the epileptics, you say about ten per cent. are sent away cured, now of that number you sent away as being cured, in your opinion, could they transmit to posterity their malady of which they were afflicted, if they had any?

A. Yes, there is danger of that.

Q. I want to ask another question: What remedy could be taken to prevent that being transmitted to posterity on the part of those who had been afflicted and sent away as being cured?

A. By being unsexed.

Q. Castration?

A. Yes, sir.

Q. That is the only remedy you know of?

A. Yes, sir.

Q. (By Mr. Bliss.) Not necessarily castration?

A. We call it castration.

Q. (By Mr. McClain.) You call it unsexing them?

A. It is the same thing.

Q. (By Mr. Bliss.) You could unsex them without destroying the desire of sexual intercourse but still destroy the power of procreation?

A. Yes, sir.

Q. How could that be done?

A. There is a tube known as a "vas deferens" which connects the testicle to its outlet into the urethra where it discharges; by taking a piece out of this tube the semen is prevented from finding an outlet and thus preventing procreation and at the same time you don't castrate or affect the feelings of the patient or individual with reference to the desire for sexual intercourse.

Q. Is it not unsafe to turn back into society anybody who has been afflicted with epilepsy without providing against sexual intercourse?

A. I think it is.

Q. (By Mr. Hall.) Is it not unsafe to return to society the improvable cases who are not affected with epilepsy?

A. If we had the room and accommodation and could provide suitable accommodations for those affected and teach them to lead useful lives and be put under restraint through the benefit of this institution it would be far better for them to stay here.

Q. Take a case that is improvable; you cannot eradicate a certain instinct possessed by the patient?

A. That person can be very useful in the institution, more so

than anywhere else, on account of the nature of the training he will receive here but we are so pressed for the admission of cases of extreme distress and where families are destitute, in fact where the whole family may be destitute on account of having to look after one imbecile and on that account we are forced to take them.

Q. (By Mr. Snyder.) There are a certain number of cases where the epilepsy is caused on account of pressure at the time of birth and in those cases they may never have had epilepsy in the family, but those cases are congenital you speak of?

A. Yes, sir.

Q. What do you suggest as the best care and treatment for the epileptics, would you have them in separate hospitals or separate wards if you had the room that was needed for their care? Would you have a separate institution or separate ward, if you could have all the room you needed?

A. I think a separate institution for epileptics would be a very fine institution for the State.

Q. Have all grades of epileptics there, but have them graded according to the severity of the case?

A. Yes, sir; there are those who have studied this subject more than I have but that would be my view of it. In New York and Ohio there have been very successful institutions established for epileptics and I think the colony plan would be the best in this State for the epileptics. I think we should be guided by the experience of others.

Q. In Chester county I don't think they take all classes of epileptics; the institution is located just outside of West Chester and is a colony farm?

A. They are limited in capacity.

Q. They are always filled and when they have a vacancy they are very glad to fill it with some worthy case but they are hampered for room. Is the majority of cases of feeble-mindedness inherited?

A. Yes, sir.

Q. About what percentage?

A. About 60 per cent.

Q. What does the other 40 per cent. usually come from?

A. About 20 per cent. of the other are children of intemperate parents, the effect of excessive habitual use of alcohol in father or mother, particularly of the mother is what, in a great many cases, causes imbecility. Children begotten in a condition of drunkenness will be imbecile. Another large majority are children of those afflicted with tuberculosis, or consumptives; and then another small number are those due to parents of excessive habits and children of those who have worn out their sexual powers and have

venereal diseases. The percentage of children who are the result of syphilis is not so large as you would suppose; I think in our institution it would be about two per cent. Then there is another class where injury results at the time of delivery because of great pressure on the head owing to the size of the vagina from which the child is delivered and great pressure made on the head may cause injury to the brain and bring about imbecility.

Q. Especially where delivery with instruments is adopted?

A. Yes, sir; sometimes on account of that and the very fact that instruments are used shows that the parts are not large enough.

Q. (By Mr. Bliss.) Speaking of heredity, do you carry it back beyond the parents?

A. I pointed out to some of you to-day the three children who have very small heads. I am able to trace their family history back to their great grandmother. In the early part of the last century there lived in a town in western Pennsylvania a feeble-minded girl who married a man well advanced in years. They had four children, all girls and all were mentally deficient. The father died leaving the mother in destitute circumstances. The girls grew up in ignorance, ran the streets and all gave birth to illegitimate children, I think the number is eleven. One of these feeble-minded children, a male, grew up in ignorance a dissolute, worthless character of no intelligence, unable to read and write, but married and had five children, all of whom are of an extremely low grade of idiocy. The oldest is about fifteen or sixteen years of age; he is a paralytic and an epileptic, as well as being an idiot. The second child is a boy of about nine years of age and is unable to talk and incapable of receiving instruction; he requires to be cared for as a babe. The third child, a girl about seven years of age and the fourth a boy about five years of age have little more intelligence. The fifth child, about one year old, is apparently idiotic, although too young to prognosticate the extent of the mental enfeeblement. All these children have extremely small heads and are all under sixteen inches in circumference and are what is known as microcephalous. The inference from this case is very clear: Had the great grandmother been placed in an institution for the feeble-minded she could no doubt have been usefully employed, being at least self helpful. She would have led a happy existence and would have died without issue. As it is there is evidence that in the neighborhood of a hundred of her progeny are depending upon the charity of the people for their maintenance. These three children are children of one of the illegitimate children and we have other children here who are descendants of this same grandmother; besides those three we have one great grandchild of that woman who is a hermaphrodite.

Q. Does it often happen that mental weakness occurs in one generation and will pass over one generation and appear in the next?

A. That is said to be the case. I have not collected any data on that subject and therefore have no personal knowledge of that kind of anatomism.

Q. There is something in anatomism?

A. Yes, sir; we have a case of a child born of a brother and sister. The mother was a washerwoman, a widow, whose husband died in the hospital for the insane at Dixmont. She took in washing and it was necessary during her absence to leave these two children, a girl of eighteen and a boy of twenty, in the house, thinking they were as innocent as babes but the result was that the girl gave birth to a little baby and that child is here with the mother; she is four years old and she is like a child of two years old, but she is remarkable for having such a family history; she has much more intelligence than either her father or mother.

Q. (By Mr. Bliss.) What is the nature of the child's defect, simply weakness of intellect?

A. Yes, sir; that is all. There is arrested development; there is less development in body so far.

Q. (By Mr. Snyder.) What is the history of that little child, the baby of the institution?

A. That is the one I have reference to.

Q. The little girl dressed in white, I mean the one that the doctor picked up dressed in white?

A. Yes, sir; that is the one.

Q. Is that the case you speak of where the parents are brother and sister?

A. Yes, sir; it is remarkable that she is as clever as she is.

Q. (By Mr. McClain.) Were the father and mother both imbeciles?

A. The mother has quite bad nerves, some of the nerves being partially paralyzed.

Q. Do you have mother and father both here?

A. No, sir; only the mother.

Q. (By Mr. Hall.) Are there any of these people so devoid of mind at all that they would not gratify the animal instincts, if there was an opportunity?

A. There is a class, I think, that do not have any sexual passion.

Q. But the majority certainly would?

A. Yes, sir; a majority of them would. It is in the higher grade that there is more likelihood. It is easy enough to watch and protect the lower grades on such occasions.

Q. The reason I ask you is because we went into the toilet room where some of those boys were being attended to and they were very bad looking creatures.

A. It is very doubtful whether they have physical power; they would be hopelessly gone; they are in the third and fourth generation, beyond hope.

Q. (By Mr. Bliss.) In your judgment would there be any material benefit in the operation of such a law, if there was a law to authorize such operations in an institution of this kind, if it did not authorize a similar operation upon those of the same character who are not in such institutions?

A. I think the passage of such a law would be a good thing. However, I think it would be very well to give the performance of such duties into the hands of skillful men.

Q. Do you think there would be any material benefit resulting therefrom if it was confined to large institutions and it did not apply to those outside of the institutions, and in connection with that can you give us the proportion of all the imbeciles and epileptics of this State who are in institutions of this kind and what proportion are at large?

A. Your question is whether I think it would be advisable to have a law making it possible to operate on inmates in institutions of this character if it did not apply to individuals of the same character outside of the institutions?

Q. Yes, sir.

A. I think it would be better possibly—I don't know just how to answer that.

Q. Let me ask another question: Whether there are as many inside of this institution as are outside, according to the best of your knowledge?

A. According to the statistics there are eight or ten thousand in Pennsylvania and about two thousand in the institutions.

Q. Would there be any benefit to pass a law to affect the two thousand in the institutions unless the law authorized the same operation to be performed on the six or seven thousand outside of the institutions?

A. It would be a trend in the right direction if it would affect them, otherwise it might be a preventive to those outside from coming to such institutions.

Q. Wouldn't it be a good thing to have a law to permit the medical profession, under some restrictions, to perform an operation on those who are not inside of such institutions?

A. With the consent of the parents?

Q. No, sir; I would say under some kind of compulsory judicial

control, such as would secure an open proceeding in order to prevent the abuse of the authority but which would not subject the medical operation to the mere whims of the parents—wouldn't it be a good thing to give the medical profession the right to perform such an operation to those outside because the State has not provided an institution for them?

A. Yes, it would be a good thing.

Q. That is, to have a general law affecting those inside of the institutions as well as those outside, so that those outside might have some judicial protection?

A. While they are in the institution the institution should be so governed that accidents of that kind should not happen, although accidents of that kind might happen in the best regulated families. We have to have a much closer restraint on a class of children who are very useful and we could give them a broader field of usefulness if that was enforced.

Gen. Wiley. In the passage of a law, unsexing only those within the institutions, it would have a tendency to depopulate the institutions for the reason that the parents would most likely take them out as far as they were able to do so and take them under their own control, which is very meagre at best.

Mr. Snyder. Where the parents had a reasonable amount of sense you think they would resent it and oppose it?

Gen. Wiley. I would say that any parent who has a child in an institution, it matters not what a monstrosity it would be, would take them out of the institution if they know the surgeon was going to use a knife upon them.

Dr. Murdoch. There are some parents who would do that.

Q. (By Mr. Hall.) How much interest do the parents manifest towards their children in the institution, as a rule?

A. They are very solicitous as a rule.

Q. Take the parents of those three children with small heads, what interest do they take in them?

A. I get letters every month; they are not able to write but they get some one to write inquiring about them.

Q. (By Mr. Snyder.) Do the children resemble the parents, or are they much more defective than the parents?

A. They are much more defective than the parents.

Q. (By Mr. Hall.) Supposing there were a law passed at the next Legislature authorizing that operation to be performed on the inmates of institutions, such as this, what proportion of these people would you operate on as an approximate number?

A. I would proceed very slowly; I would not operate on very many the first year.

Q. (By Mr. McClain.) You say an operation can be performed that would destroy the power to create but would not deprive them of the enjoyment of sexual intercourse; if they have the power to have sexual intercourse, the thing to do is to take away the power to create?

A. Yes, sir; that is the important thing.

Q. (By Mr. Hall.) Is there not more danger from the feeble-minded, in girls becoming the prey of men who are all right physically, that is, physically and mentally but not morally, than there is in boys?

A. Very much more so.

Q. Can you perform such an operation too?

A. Yes, sir; that was the idea of the law, to cover both classes. My idea, after all, has been to get these children in the institutions as a means of decreasing imbeciles; it is not a question whether they can or cannot create, it is better for them to be here in the institution.

Q. (By Mr. Snyder.) Wouldn't it be better to have enough institutions to take care of all feeble-minded, if applications were made?

A. I feel confident if there were enough accommodations for all who would apply, that the number instead of increasing would decrease.

Q. There is danger, if such a law is passed and it did not apply to all, that there might be some most necessary to be operated upon who would be kept in security for the time being, where if all classes were kept in an institution they would be kept separate?

A. Yes, sir.

Q. (By Mr. Bliss.) How many institutions, the size of this, is necessary to take care of all the cases in Pennsylvania?

A. Well, there are eight hundred in the State now; these institutions could be enlarged.

Q. How many could this institution take care of?

A. We are crowded with eight hundred and twenty-seven, but this institution could be increased to take care of two thousand.

Q. How many institutions of the size of this would we have to build to take them all inside of State institutions?

A. I think if we had three institutions of the size of this we could accommodate all that would make application. There are some who are taken care of by their parents and there is not the same danger from them as those who wander on the streets.

Q. Does the law require the parent's consent before a child may be admitted here?

A. Yes, sir.

Q. Do you not think that is a bad provision in the law; in other

words, don't you think that there ought to be some way to commit feeble-minded children, similar to the law that the insane are committed through the courts?

A. I think if parents are able to give good care and attention at home, proper and necessary care, that they should not be separated from each other.

Q. (By Mr. Snyder.) There are a great many feeble-minded children taken care of in the county institutions?

A. Not so many now. When this institution was opened we received something over three hundred from various counties in western Pennsylvania.

Q. (By Mr. Bliss.) What is the age of the oldest inmates here?

A. I could not say but we have men here over sixty years of age.

Q. How many inmates have you in this institution?

A. There are 827, about 150 of whom are over the age of 20 years.

Q. Don't you think it would be wise to provide only for the admission of inmates to a certain age after which the feeble-minded should be treated as insane and sent to insane asylums instead of keeping them here, except the epileptics?

A. I don't see what you gain by sending them to any insane asylums.

Q. Are they not practically insane adults?

A. They are harmless; they are imbeciles; they are not unlike what we call demented. The chronic insane are supposed to be able bodied.

Q. What is the difference between a sixty year old child and a sixty year old insane man?

A. It depends on the form of insanity; he is very similar to an insane man under what you call dementia; unless you knew the history you could not tell them apart.

Q. Don't you think it would be best to confine the treatment of children to some condition of betterment up to a certain age, and if they are not curable and have passed that age, send them to insane asylums?

A. I would not send them to insane asylums unless it would be to such a hospital as at Wernersville—either county insane asylums or to the hospital for the chronic insane but not to the acute insane hospitals. In New York they have such institutions.

Q. What is your idea of the proportion of the acute and chronic insane, are they not almost all insane?

A. Almost all; the proportion of the chronic insane I don't suppose is 10 per cent.

Q. If that is the case do you think it is necessary to have an asylum such as there is at Wernersville?

A. I never thought that was a very good move.

Q. (By Mr. Snyder.) Do you place certain patients as near alike in mental capacity together, that is, you don't put the very weak minded ones with the improvable grade, you grade them?

A. We do the very best we can.

Q. You grade them the best you can?

A. Yes, sir; but our institution is not suitable for proper graduation. We should have buildings where the helpless and the unimprovable cases could be cared for entirely separate from the improvable. They all, more or less, come together in the dining room and the arrangements are such that they must come in contact with each other.

Q. The association with each other is some menace towards their recovery?

A. Yes, sir.

Q. (By Mr. Bliss.) Is there any difference between the physical feeble-minded and the adult insane person?

A. No, sir; they are about the same.

Q. Then what reason is there why we should not relieve the feeble-minded institutions by taking the adult physical insane and putting them in insane asylums and drawing the line at 25 or 30 years of age?

A. Well, I was only thinking of the fact that the present asylums are very much crowded and the crowd would interfere with their treatment of the acute insane and it would be detrimental to both. I think if you would establish plenty of room for the chronic insane then it would be very good to get them out of these institutions for feeble-minded children.

Q. Suppose we would establish small asylums for the acute insane, separating them from the chronic insane and feeble-minded, say three small asylums for the acute insane and provide additional capacity for the chronic insane and then treat the feeble-minded separate and alone, wouldn't that be the best plan?

A. It would work to the benefit of the improvable children in our institution.

Q. (By Mr. Hall.) After what age do you consider a feeble-minded person unimprovable?

A. A child that has not any instruction before he is twenty years of age will never improve very much. His brain becomes less plastic and less susceptible to impressions.

Q. Then a man brought here at twenty-five years of age would not be improvable?

A. No, sir.

Q. Why wouldn't it be better to have some place for them where they could be treated separately?

A. Why multiply institutions, why not increase the capacity of those already established? In that way we get a better classification and they can be useful on the ground, they can shovel coal, make roads and do other work necessary in and around the buildings and grounds.

Q. Your schools and all those things and these ladies teaching, that we saw to-day, is all intended to improve them some?

A. Yes, sir.

Q. After they get past that stage and stay here what should be done with them?

A. They ought to be got out of the school department.

Q. If you have another department wouldn't it be better?

A. Yes, sir.

Q. And have them segregated from the others?

A. Yes, sir.

Q. (By Mr. Bliss.) Isn't there a very strong pressure brought to bear upon you for the admission of children who are improvable whom you cannot admit because of lack of room?

A. Yes, sir.

Q. Wouldn't it be to their benefit if these unimprovable adults should be sent away, no matter where, to insane asylums or somewhere else, to make room in your institution for the improvable cases?

A. They should be sent out of our training department, at least.

Q. Does it make any difference whether sent out of your training department, or to some other institution?

A. No, sir; except there should be a custodial department where these unimprovable and able bodied men could be utilized; they could be utilized on the farm.

Q. It is simply a question of economy in your mind?

A. Yes, sir.

Q. You don't think that ought to be a controlling influence in passing legislation on a subject of this kind?

A. Indeed I do; I think it is very important to be considered, not to sacrifice anything but to give them the best treatment possible and do it with the lowest expense. I don't think economy should come first but I think it should be taken into consideration. I think having a training school for the improvable children, a custodial department for the unimprovable and asylums for the helpless would be to the best interest of all concerned. We have the older unimprovable mothers that act as mothers to the helpless children; they form an attachment for them and do not feel any repulsion

towards them and their work is very valuable in our institution. You saw one of that character in one of our rooms to-day.

Q. But anybody who can work and earn their own living could do the same thing that they do here in the insane asylum?

A. In the case of this woman, if we would send these adult women away to insane asylums we could not hire women to do the same thing that they do here.

Q. And they could do nothing in the insane asylum?

A. They couldn't do anything to compare with the importance of the work they do here.

Q. (By Mr. Snyder.) And the expense would be more to the institution?

A. Yes, sir.

Q. What is your judgment about county institutions and as a rule do they have as many advantages to treat these feeble-minded as in an institution like this?

A. I don't think a county institution has an opportunity at all to train feeble-minded children.

Q. (By Mr. Hall.) Are any taken from here to the county institutions?

A. Some of our adult able bodied ones are taken to the county institutions.

Q. (By Mr. Snyder.) Generally cases that are incurable?

A. Usually those who have passed through the training age and useful in work and as useful in the county institutions as they can be here.

Q. (By Mr. Hall.) Feeble-mindedness is an incurable condition?

A. Yes, sir.

Q. What you said about cures had reference to epilepsy?

A. We get some children who are not feeble-minded but who are backward and are feeble-minded through lack of certain development or certain diseases. They are not feeble-minded but apparently so; their minds are undeveloped.

Q. (By Mr. Snyder.) What amendment would you suggest to our present laws in order to better an institution of this kind?

A. I know of nothing except it be in the way of appropriations to increase the work.

Q. So as to give you capacity enough to grade your different departments?

A. Yes, sir; for these adult ones who have passed through the school age and who are past the school age at the time of admission and those helpless ones who are incapable of instruction. These buildings are very well adapted for these improvable children but after they pass through seven years, it takes seven years in our

course, then there should be some way where they could go out, either to some county institution or hospital for the insane, or my preference would be a custodial department where they could be drawn on for help in the various departments of the institution, and I think we should have a farm building where the big able-bodied boys could work on the farm, a building near the barn; they don't require so much hospital care and don't care for children and would be happier if they did not have to have the same restraint that they have to have in the school department.

Q. Say counties that would be grouped or sub-divided like judicial districts, say if three, four or five small counties would go together and have an institution for both the insane and feeble-minded where an institution would afford a school something similar to an institution of this kind and because of its nearness would afford to parents an opportunity to visit their children frequently, do you consider that would be of some advantage?

A. The same sized district which would supply inmates enough to establish a hospital for the insane would not supply enough imbeciles to establish an institution, making the district three or four hundred thousand, or three hundred thousand population.

Q. Take one in six hundred thousand and make the district so there would be a couple hundred where they could afford to have some instructors, do you think that would be much advantage where the parents could visit them frequently, or more convenient for the parent to visit the institution?

A. I don't know whether that is advisable; too frequent visits we don't think is a good thing.

Q. It would upset them if there were too frequent visits?

A. It upsets them and upsets the parents too.

Q. What percentage of the parents visit their children here where they are living near?

A. Well, we have a great many visitors.

Q. Do you suppose 75 per cent.?

A. I suppose 75 per cent. of the visitors get here sometime during the year.

Q. (By Mr. Bliss.) Supposing such institutions were established in some places under the control of the State and be under the uniform control of some one person, don't you think a larger number of such institutions, close to the homes of the patients and accommodating a much larger number of patients, would be better, considering it in the light of what is for the best interest of the patient and leaving the question of economy out?

A. I think you get better results, considering it for the best interest of the patient, under proper classification and system, in

having a large number together than you do in a lot of small institutions, particularly in the case of the feeble-minded.

Q. Would you also apply that to the chronic insane?

A. I think it applies particularly to the feeble-minded; my experience is not as great, however, in that direction.

Q. That is, improvable cases?

A. No, sir; all classes.

Q. What is the cost per capita as compared with the State insane asylums?

A. A little less.

Q. Is that due to the employment of many of the able-bodied adult imbeciles?

A. Yes, sir; and from the fact that we do not require as many attendants. We employ a corps of teachers, which is quite an expense, that they do not have in a hospital for the insane.

Q. How many patients do you have to an attendant?

A. About twenty-five and in the insane asylums it runs one to ten. We have thirty-six attendants, twelve of whom are men.

Q. Do you have teachers in addition to these attendants?

A. Yes, sir.

Q. How many patients do you give to a teacher?

A. A teacher has twenty-five to thirty pupils.

Q. So that if the able-bodied adults were taken out of this institution and put into the insane State or county institutions your cost would be increased and would be increased on account of the loss of the labor of these people?

A. Yes, sir; ours would be considerably increased. I don't know how much theirs would be decreased. I believe they are more valuable to us than to the insane asylums because we can supply them with work.

Q. Does the same rule apply to Wernersville, that the cost per capita is less than at other institutions because their inmates can be utilized for work?

A. Yes, sir.

Q. (By Mr. Snyder.) I think you stated what the cost per capita was before, what was it?

A. One hundred and eighty-two dollars a year.

Q. That would be about what per week?

A. Three dollars and fifty cents a week. The average runs in the insane hospital about \$3.75 to \$4.00 and some of them more than that.

Q. If you had two thousand patients your cost per capita would be considerably less?

A. I believe if we had facilities so as to train the younger chil-

dren to be useful, that in time the population would increase to fifteen hundred and I am sure the per capita would be very much less than it is now.

Q. It would make it about one-third less or twenty-five per cent. less?

A. I don't see any reason why the per capita could not be reduced to \$125, at least, a year.

Q. (By Mr. Hall.) Of course the food and clothing would remain about the same?

A. Well, in reference to the food we calculate to raise more of it here with increased facilities.

Q. It would be included in what you would get in increased returns because of increased facilities. How long has this institution been running?

A. Five years.

Q. What is the length of your course?

A. Seven years.

Q. You have not graduated any one yet?

A. No, sir; some children, however, have come in where it was not necessary to start them at the bottom.

Q. You have not had time to educate a corps of people whom you think could be made very useful but in ten years there may be some?

A. In ten years from now I think they would be very efficient.

Q. That would have a great tendency to decrease the cost per capita?

A. Yes, sir.

Q. (By Mr. Bliss.) How much would have to be invested to increase the capacity of this institution in order to accommodate fifteen hundred inmates?

A. We calculate that we could put up custodial buildings for 320 pupils for about \$300,000.

Q. That would increase your capacity to about 1,100?

A. Yes, that would increase our capacity to about 1,100.

Q. (By Mr. McClain). I noticed in the dining room at noon and at supper time a young lady waited on our table, wearing a gold watch, what kind of a malady is she suffering with, is she feeble-minded?

A. Yes, sir; she is hysterical. She has the lack of self control and afflicted with irresponsibility; at home, she will not stay at home; she will wander out on the streets and solicit men.

Q. How long has she been here?

A. She has been here about three years.

Q. She looked bright and from her appearance one would think there was nothing wrong with her?

A. That is the trouble with her.

Q. (By Mr. Bliss.) How old is she?

A. About twenty-two years old.

Q. Don't you think she is more fitted for the insane asylum than an institution like this?

A. No, sir; it is simply a case of imbecility; she is not insane, she is only weak-minded.

Q. What is the difference between that kind of imbecility and insanity, technically?

A. She lacks self control but never had any delusion or hallucinations and no disease.

Q. Has she natural reasoning capacity?

A. No, sir.

Q. Why isn't she insane then, what is an insane man in your judgment?

A. You ask some of the superintendents of the hospitals for the insane about that.

Q. Is her mind in a condition of arrested development, isn't she bright?

A. No, sir; she is not bright. She has not the power to tell the truth.

Q. Can she distinguish between right and wrong?

A. No, sir; I don't think so.

Q. Or reason?

A. Her reasoning powers are very limited but those are not symptoms of insanity.

Q. What are?

A. Delusions and hallucinations, where you imagine things are so that are not so.

Q. Then you have out here in the institution a boy who imagines he is the handsomest man in the world, when the contrary is very much in evidence, isn't he rather insane than feeble-minded?

A. I don't think so.

Q. (By Mr. Hall.) There never was a time when he knew he was not the handsomest man in the world?

A. I suppose not.

Q. (By Mr. Snyder.) Isn't it a fact that an insane person may have a well developed brain on every subject except one and on that one particular thing he may have his delusions?

A. Yes, sir.

Q. A feeble-minded person cannot reason well on any particular subject?

A. In the case of a feeble-minded child the feeble-mindedness may be pretty clever in some directions. The difference is, that

an insane person has lost some mental power which they once possessed, while a feeble-minded person has never developed into a normal person.

Q. Then an imbecile is one who lacks some faculty when he is born and an insane person is one who has been born with full capacity and afterwards loses some mental power?

A. Yes, sir.

Q. And do you make any distinction in the method of treatment?

A. Yes, sir; where something is lost it shows there is some disease, or process or disturbance, deteriorating the mental cells which are there, while in the feeble-minded person the cells have not been developed. In the one case you try to build up the cells and in the other case you try to restore them.

Q. (By Mr. Hall.) In the room where they were making mattresses there was a boy making brooms, a very bright looking boy and I thought he was an employe but I was told he was an inmate and that he had no moral sense?

A. He is a boy who never would go to school, who was incorrigible and never obeyed his parents. He is a boy whom I think will develop. I think it is only because he was not properly trained and given proper advantages and it would certainly not be well to turn him out in the world.

Q. There are points in which he is not deficient?

A. He seems to be coming out all right, although he lacks moral sense?

Q. Is he deficient, mentally, at all?

A. That is a mental deficiency.

Q. Do you think that all persons who lack moral sense ought to be in feeble-minded institutions, or inside of a jail?

A. No, sir; not in jails but I think every person who will not go to school and knows nothing about moral restraint should be placed where he will be made to obey.

Q. Is there any difference between that boy and the boys who are sent every year to the House of Refuge for incorrigibility?

A. No, sir; he is just such a boy that might be sent there.

Q. Isn't there danger in putting such a boy with boys who are mentally defective in lessening his mental capacity?

A. No, sir; not a bit.

Q. You don't think that the association of one boy, who is morally deficient and has no mental defect, with boys who are mentally defective is not injurious to him?

A. No, sir; it might be the other way. I think any acquired bad habits, such as masturbation or using tobacco, he may teach imbeciles who are very ready to take up such things.

Q. (By Mr. Snyder.) Does he attempt to teach other boys his weakness?

A. No, sir; that boy, under our regulations, gets along very satisfactorily?

Q. His weakness does not manifest itself to his associates?

A. No, sir.

Q. He does not practice them in the presence of or teach them to his associates?

A. I have not observed that.

Q. (By Mr. Hall.) What is the disease from which these small children suffer and what are they called?

A. Cretins. It is due to the development of the glands, the fibroid glands. If you take them at young enough period you can develop them. Take the glands of sheep and dry them and make them into tablets and thus form a fibroid extract. This gland secretes the substance which is essential to the proper growth in them.

Q. (By Mr. Heidelbaugh.) Are those two small persons relatives?

A. No, sir; one is from Wilkes-Barre and one from Clarion county. It is a very rare thing; I only know of one other in Pennsylvania.

Q. How tall is that little woman?

A. My recollection is about thirty inches.

Q. (By Mr. Hall.) That growth leads to mental deficiency?

A. Yes, sir; this condition of Cretinism is very common in some countries, especially in Switzerland, particularly in the mountains and valleys where they get little sunlight.

Q. Goitre is very common also?

A. Yes, sir.

The investigation ended at this point. Subsequently Dr. Murdoch presented to the Commission the following paper:

To the Legislative Commission to Investigate the Condition of
State Institution for Feeble-Minded,
Polk, Pa.

Gentlemen: In accordance with your request for a statement of the present condition and suggestions in regard to desirable changes in the State Institution for Feeble-Minded of Western Pennsylvania, I present the following facts:

The Institution for Feeble-Minded of Western Pennsylvania is located at Polk, Venango county, six miles from Franklin, on a tract of 870 acres. The greater portion of the land is tillable and

suitable for agricultural pursuits. There is an abundance of excellent water, obtained from springs, the water flowing to the buildings by gravity. The drainage is good. The location is reasonably accessible, and still sufficiently remote from a populous centre to allow the inmates to engage freely in out door pursuits without coming in contact with the idle curious. The location is an ideal one for an institution for the feeble-minded.

The institution is a school and an industrial colony where the young and improvable, aside from the rudiments of a common school education, are taught farming and gardening, stock raising, and a variety of occupations suited to their mental capacity and aptitudes. All who are physically able aid in carrying on the work of the institution, on the farm, in the shops, sewing rooms, laundry and kitchen.

The buildings upon the premises are in good repair and, for their limited capacity, are admirably adapted to the care of the class of the feeble-minded for which they were originally intended, which is that class of children susceptible of improvement in a training school for feeble-minded children.

Institutions for the feeble-minded require two distinct departments, an educational and a custodial. The unimproved, the helpless, the epileptic and the paralytic require custodial buildings specially constructed for their peculiar requirements. Two hundred and fifty of the children now cared for in the institution, and a large number for whose admission application has been made, are not susceptible of improvement but require the most careful care and attention; these are totally unsuited for the educational department which, as has been stated, is the only department of the institution as yet constructed. The care of this class of helpless ones in the training department is at great inconvenience and at a much higher per capita cost than it would be were we provided with appropriate accommodation for this unfortunate class.

The rated capacity of the institution is 600.

The number present April 30, 1902, was 815.

Applications for admission on file April 30, 1902, 120.

The 215 inmates above the rated capacity of the institution are being cared for temporarily by the conversion of day rooms, school rooms and shops into dormitories, and store rooms into dining rooms, to the great inconvenience of the schools and the industrial department, and in fact the entire institution.

Public sentiment demands that the State provide for all the feeble-minded, whose presence in families and communities is a perpetual source of danger and injury. Many unfortunate individuals of this character, who are at present left to wander about as the

butt of ridicule and thoughtless sport, or the victims of lust, if provided a home within the institution, would live happy and contented lives and be more or less productive without becoming the irresponsible progenitors of a miserable posterity. Henderson, in his book on "Dependents, Defectives and Delinquents," says: "There is general agreement among authorities that there is no trait, physical or mental, which is so likely to be inherited as feeble-mindedness. The defective child injures the family to which it belongs; if it is kept at home it is a source of constant humiliation, annoyance, often of physical danger, loss of time and energy, the weakness of the mother, and vicious example to other children."

The following examples, taken from applications for admission, are but a few of hundreds of cases:

In one family there are four children. The eldest, a boy of nine years, is perfectly helpless and devoid of all intelligence. The second child, aged six years, is strong enough in body but is idiotic and at this early age has developed homicidal tendencies, smashes everything breakable within reach, has to be carefully watched lest he inflict personal injury on the other children, and when corrected will savagely endeavor to bite. He is completely devoid of the sense of fear, strives to catch every passing horse by the tail; in consequence he is kept tied hand and foot the greater part of the time. The third, a girl of three years, is a perfect idiot and as helpless as a babe. The fourth is a mere babe, too young to have its future prognosticated. All are microcephalic, i. e., have very small heads, with receding foreheads. The mother, with a poor nervous organization at best, is completely worn out with the care of her children and is a chronic invalid. The father, a laborer, and who is himself mentally deficient, is unable to seek work as he has to stay at home to care for his miserable progeny. They are dependent upon their neighbors for support.

A widow, whose husband was insane, has two feeble-minded children, a boy aged twenty-three and a girl aged twenty. She is compelled to care for her defective offspring alone as no one can be induced to live with her on account of the filthy habits of the children. She earns her livelihood as a washerwoman and when collecting or delivering clothing leaves her irresponsible children to their own devices, with the result that the girl, a most repulsive paralytic, gave birth to a child which will, no doubt, inherit the defects of its parents.

Another widow with a feeble-minded son tries to earn a living by keeping boarders, keeping her feeble-minded boy in seclusion. The child's queer noises lead to his discovery by the boarders, who cannot be induced to remain unless the child is taken away.

Another irresponsible girl of fourteen years is the victim of the

lust of a band of unprincipled young men and boys in the neighborhood of her home.

These few cases suffice to show the necessity of providing ample accommodations for all of this class of unfortunates where they may be protected from the cruel taunts and ridicules of the thoughtless, and the vices of the unprincipled; thus, at the same time, protecting the feeble one, lifting an awful load from the other members of the family, protecting society from a constant source of danger and posterity from the care of a miserable progeny.

Section 10 of the act creating the institution, contains the following: "That this institution shall be so planned in the beginning and constructed as shall provide separate classification of the numerous groups embraced under the terms idiotic and imbecile or feeble-minded."

The building commission in endeavoring to carry out the provisions of the act prepared most excellent plans; a training school for the improvable and custodial buildings for the unimprovable. The funds available were not sufficient to carry out the plans, the training school only being constructed. This is most admirably adapted for the educational department, for the children capable of improvement under instruction and who are self helpful to a degree, but is totally unsuited for the unimprovable, the helpless, the low grade, the paralytic and the epileptic. This latter class, however, appeals strongly to our sympathies and we have owing to most urgent appeals, received many of this class, notwithstanding the fact that their care has been at a great expense and inconvenience, which can only be avoided by the construction of suitable custodial buildings.

The great need of these buildings has been presented by the Board of Public Charities and by the board of trustees of the institution at the past four sessions of the Legislature. Twice appropriations for their construction have passed both branches of the Legislature but have failed to receive the Governor's sanction.

We have most excellent plans for these buildings. While their need has been felt for years it has continued to grow more pressing; it is now imperative. We sincerely trust funds for their construction will be provided by the Legislature at its next session, in order that the institution may be relieved of its overcrowded condition and be able to extend aid to the unfortunate feeble-minded without for whom, as yet, no adequate provision has been made.

Other buildings contemplated in the original plans should be provided. These include an assembly hall and an industrial school for girls.

We most earnestly appeal to your honorable committee for aid

in relieving us of our present distress, caused by the crowding of the institution and the caring for unimprovable and helpless children without proper conveniences. We also bespeak your aid in our endeavor to obtain an appropriation to properly provide for the many worthy feeble-minded ones who cannot be admitted into the institution until additional and appropriate accommodations have been provided.

Respectfully submitted,

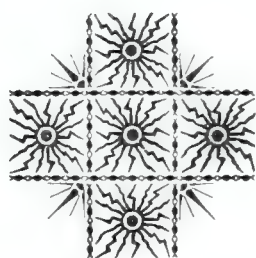
J. M. MURDOCH, M. D.,
Superintendent.



LEGISLATIVE COMMISSION TO INQUIRE INTO
THE CONDITION OF PENNSYLVANIA INSANE.

Inspection of the State Hospital
for the Insane, Warren, Penna.

MAY 26th, 1902.





State Hospital for Insane—Warren—Front View.



State Hospital for Insane—Warren—Front Entrance.

INSPECTION OF THE STATE HOSPITALS FOR THE INSANE, WARREN, PA., MAY 26, 1902.

The Commission arrived in Warren on the night of the 26th of May, 1902, and in the forenoon of the next day paid an official visit to the Warren hospital.

Dr. Morris S. Guth, superintendent; J. W. Greenland, steward, together with Messrs. C. F. Shirk, of Erie; R. B. Stone, of Bradford, and O. C. Allen, of Warren, members of the board of trustees, accompanied the Commission during its inspection of the hospital. Each ward was visited and an inspection made of the dining rooms, lavatories and the rooms occupied by the inmates. The fire escapes were also examined as well as the ventilating system; also the wards, both in the male and female departments, including the sleeping apartments, bath rooms, libraries, sewing rooms and art buildings for women, in which many articles were seen modelled in clay by patients. The training school for attendants was also visited. It was stated that there were about eighty epileptics in the institution. In one of the parlors of the female wards a lady patient was seen playing an organ accompanied by another singing.

The institution was found to be in a crowded condition, beds in some instances being placed in rooms intended for dining rooms and in other instances in the corridors. All classes of patients were visited, including those wards in which the most violent and the worst cases were confined.

After inspecting the hospital proper the Commission was driven in carriages to the Colony farm, a mile or two below the main building. Here certain chronic cases, who are employed for such work as is suitable for them, are kept during the period in which they are at work on the farm and in the extensive grading of the grounds about the new building. A visit was paid to Hygeia Hall, a building used for convalescents; it appeared to be very comfortable, cheerful and homelike but of somewhat limited capacity. There were fifteen convalescents occupying the building at the time. A visit was then made to the home for the female nurses recently constructed. It is an important adjunct to the usefulness of the institution from the fact that during the hours in which the nurses are relieved from their duties they are taken away from the sight and society of their charges. The Commission also visited Chapel Hall, where all religious exercises are held; also the theatre room

especially provided for amusements and entertainments; also the Turkish bath room established for both male and female patients (being separate). The laundries and kitchens were also inspected.

It was stated that the farm consisted of about 700 acres of land, about 300 of which were under cultivation. There are 106 cows and 18 horses kept in connection with the institution.

The tour of inspection closed with a visit to the stables in connection with a hennery, milk house, and a piggery located near by.

At a formal meeting held by the Commission (after the inspection) the following proceedings took place in the office of Dr. Guth.

Dr. M. S. Guth, superintendent, testifies as follows:

Q. (By Mr. Snyder, Chairman.) How many epileptics have you in the institution?

A. I think we have about eighty or ninety; I think that would cover the number.

Q. Would there be any advantage in having them kept in a separate ward or separate building?

A. Yes, sir; I think it would be an advantage to have them by themselves. We do that as much as we possibly can here.

Q. What is the history of the epileptics, as a rule, has the parent been insane on the one side or the other?

A. Yes, it is hereditary as a rule.

Q. The percentages of cures are very small?

A. Very small, almost hopeless.

Q. Except where there has been an accident and it is due to an operation to relieve them?

A. That would be exceptional.

Q. In that class of cases there are not many where the trouble comes from an accident?

A. No, very few that come from any traumatic causes.

Mr. Snyder. Has any member of the Commission any questions to ask the doctor?

Q. (By Mr. Hall.) Is there any system of sub-division that you would recommend here?

A. You mean in this institution?

Q. Yes, sir; additional facilities so the patients could be divided into classes?

A. Well, we do that as much as we can.

Q. Are you able to do it as much as should be done?

A. No, sir; we cannot on account of the crowded condition of the institution.

Q. In what way would you suggest the acquirement of greater facilities?

A. By building additional buildings.

Q. You would put in those certain cases?

A. Yes, sir; take out the epileptics, for instance, and separate them like we do in the chronic cases at the Colony farm and establish a place for the men convalescents. We have no place for the men now.

Q. Would you take the younger patients away from the older ones?

A. I think I would, I think that would be an advantage.

Q. You have classifications up here in a female ward where their hair is cut short and they are wearing long gowns, they seem to be very bad patients, would you have a separate place for them?

A. Yes, sir; undoubtedly we would. We do classify those as much as we can.

Q. There were some of those among the others?

A. Yes, they were in the back sections, in the back wards; I would keep those separate as much as possible.

Q. Are not some of those women troubled with a desire for sexual intercourse, or afflicted with nymphomania?

A. With some it is more so than others.

Q. What other women are there who were not bad in that respect, is it not a common thing?

A. No, it is not a common thing but still there are a number of cases of that kind.

Q. What I have understood here about patients is the fact that because they are insane does not render them indifferent upon certain things, they might object to realizing that they are kept with other insane people, take a woman who is insane, but a modest woman, and thrown into classes of that kind, would it not affect her?

A. Yes, sir; I think it would, that would depend upon what her mental state was. I would state that all these people represent different grades of society but the large majority of them come from the middle classes and while they would resent that, they would at the same time have a feeling of sympathy for them and would recognize to a certain extent that it was disease that made them so because that is the fact.

Q. Do you notice many women who have been fairly well brought up and after coming here break out into the use of profanity?

A. Yes, sir; very apt to.

Q. A woman who would not do such a thing at home would be very apt to do it here?

A. Yes, sir; it is just the opposite state to her normal state. It is very often the case that she will do so.

Q. I was speaking about it at the table. To classify you think

it would be better to do that by adding to the larger institutions?

A. Yes, sir; as far as possible.

Q. To put people who are nearly alike with each other?

A. Yes, sir.

Q. You think that is better?

A. Yes, sir; I do.

Q. (By Mr. Bliss.) If we should take away the epileptics and place them in another asylum established for that character of cases alone and take away the acute insane and transfer them to another asylum, how much would that relieve you here?

A. That would give a great deal of relief but I don't see what you would do with the acute cases.

Q. Would that enable you to classify them with more benefit to those who remain?

A. Yes, sir; it would. While I think the epileptics should be taken away and kept separately, but I don't think it would be an advantage to take away the acute cases.

Q. Where would you put them?

A. Into the excited wards and give them such individual and special treatment as their case demands.

Q. (By Mr. Hall.) If you had a separate apartment simply for the acute couldn't you treat them better?

A. Yes, sir; we could but I think you would find that it would be very expensive. That is what I said about Dr. Peterson's position in New York; he thinks there ought to be hospitals for the acute cases and while I think it is an ideal plan I don't think it can be carried out.

Q. (By Mr. Bliss.) Why ideal?

A. Because you can give them more individual care and have a larger percentage of cures but I don't think the State would do it.

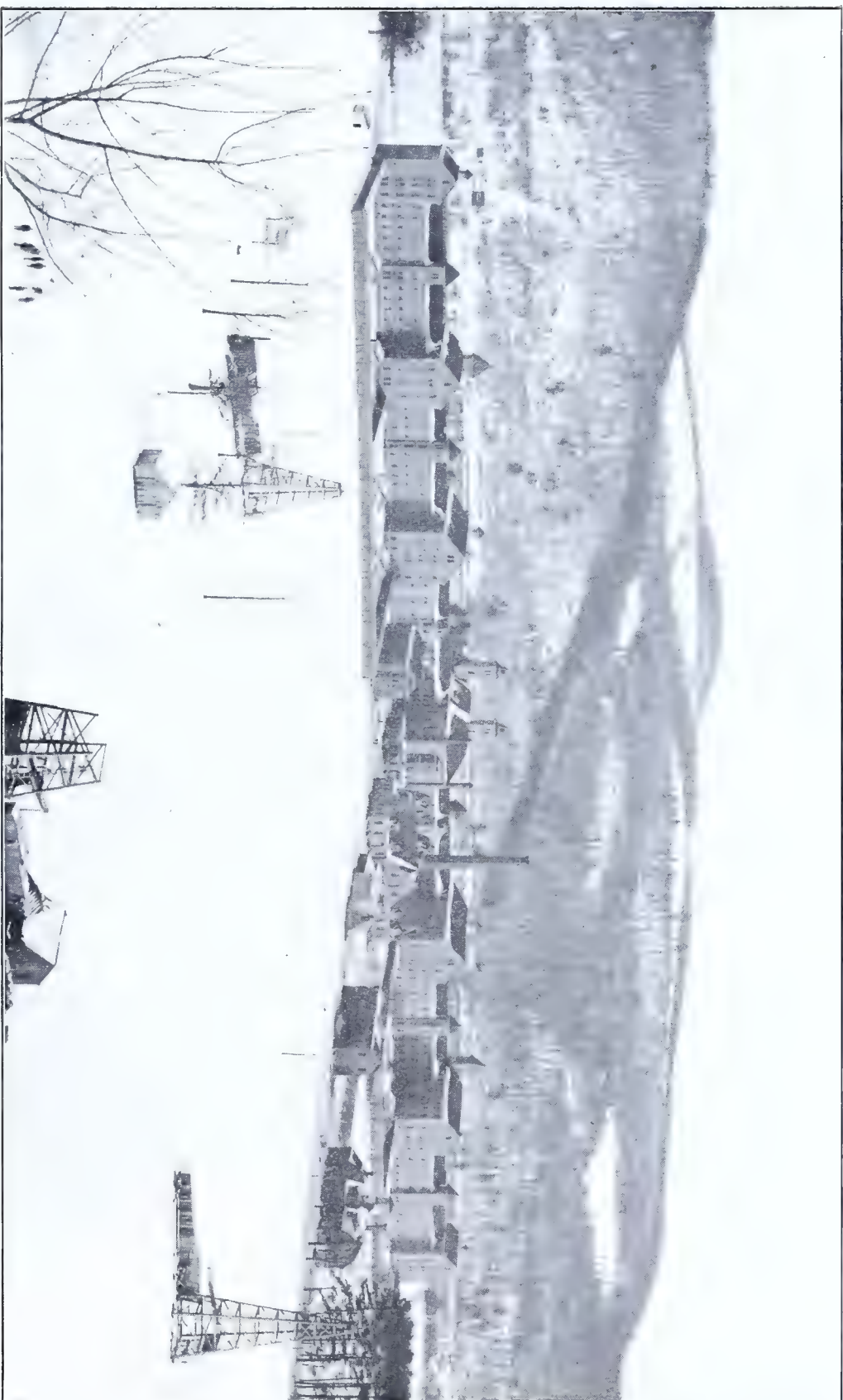
Q. That is what we are trying to get at through you experts. Would that relieve you with your present facilities and enable you to classify and properly classify the chronic that would be left?

A. Yes, sir.

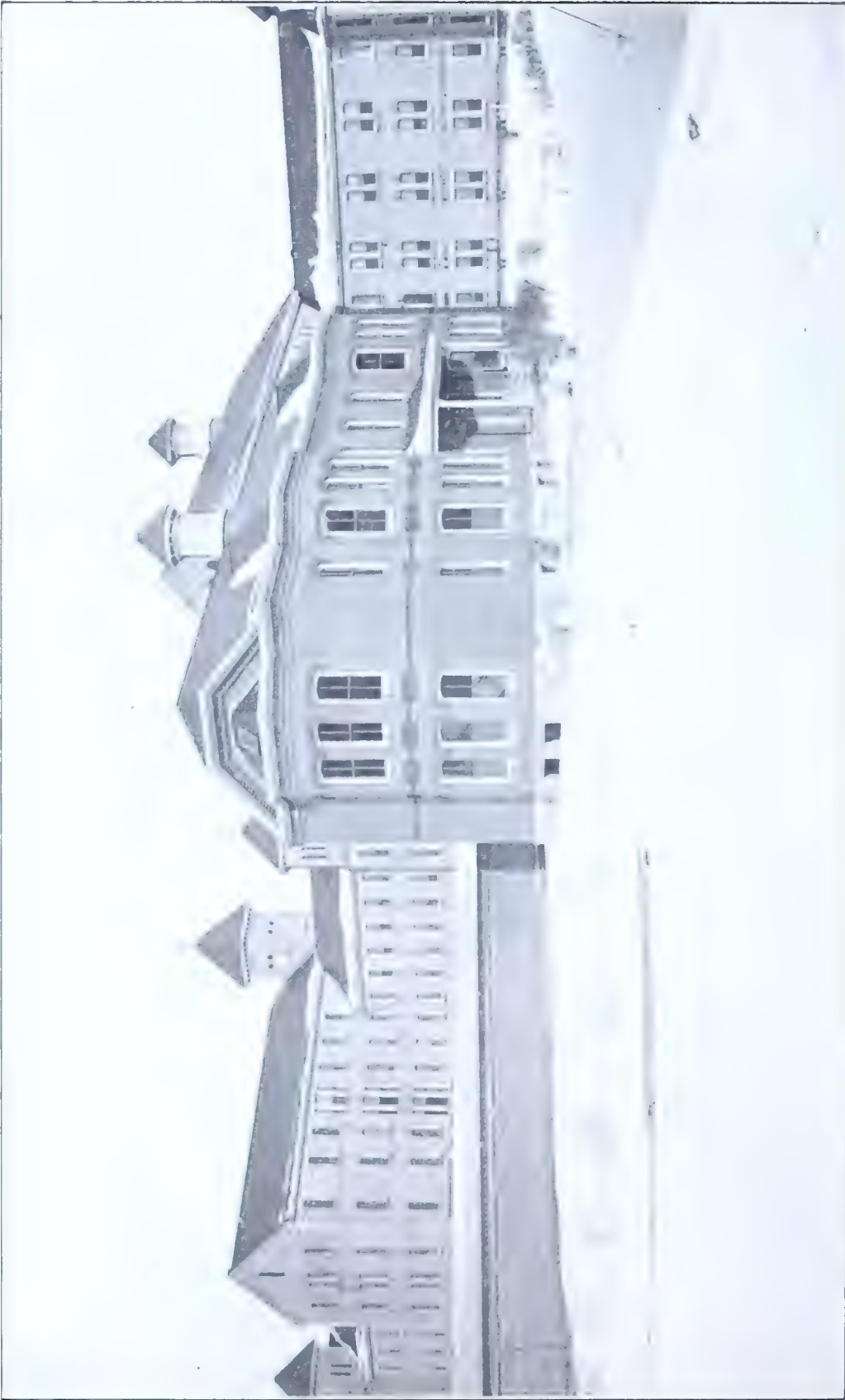
Q. And if this is not done would it be a benefit to erect one or two story buildings, not according to the architecture of the present buildings here, so you can separate them, could that be done?

A. Yes, sir; that was the position I took before you in Philadelphia. That would be part of the plan to relieve the over crowded condition, that is, to build a few buildings surrounding the present plants. I think to do this would be a great deal cheaper and we could care for the acute in a separate building entirely disconnected but under the same management.

Q. Have you any idea how much it would cost to accommodate



State Hospital for Insane—Warren—Rear View.



State Hospital for Insane—Warren—Men's Building—Smoking, Reading, Billiards.

the present number of acute cases and also accommodations for the present number of epileptics?

A. No, sir.

Q. (By Mr. Hall.) Do you think it would be a good thing to have a separate building added to our present hospitals, I mean adding to the general hospitals and relieve the present crowded condition of the hospitals from their care?

A. Yes, sir.

Q. Because they are a class that are distinct?

A. Yes, sir; if there is much disturbance, mental disturbance, sometimes there is before and sometimes after an attack and they could be corrected accordingly. I have not given the matter any thought with reference to the expense of buildings of that kind but they need not be expensive buildings; I think a building such as the Colony building would be a great relief to our building here; they would only cost about \$3,500.

Q. (By Mr. Bliss.) What is the difference between a feeble-minded person and an insane person?

A. I believe that is usually expressed like this, that mental alienation is feeble-mindedness or comes under the term of imbecility or idiocy; an idiot is where there has been no intelligence; imbecility is where there is an arrest of intelligence but both come under the head of mental alienation. Now you can add to that by adding insanity through becoming extra nervous or excited, as I pointed out to you this morning, that those who have originally been weak minded and have a bad heredity (although not necessarily insane) may from some cause or other have their mental balance overcome and become violent.

Q. Have you any patients who were born in their present condition?

A. You mean weak minded?

Q. Yes, sir.

A. Yes, sir.

Q. (By Mr. Hall.) There is never anybody born insane?

A. No, sir.

Q. Insanity presupposes feeble-mindedness of some kind?

A. Yes, sir; they can be born feeble-minded, or idiots, and then they can become insane afterwards but not born insane.

Q. (By Mr. Bliss.) Then your distinction is that there is a mental balance, although a weak feeble mind, while in the case of insanity there is an unbalanced condition?

A. Yes, sir; unbalanced condition of that weakened state that existed.

Q. Suppose the mind is strong and becomes unbalanced, that

would be insanity; a fully developed mind but weak mind, that would be imbecility and if it becomes unbalanced it becomes insanity?

A. Yes, sir; that is it exactly.

Q. Is it possible to fix the period of life, or the stage of development in an imbecile condition, or one who is weak-minded, at which he ought to be put in an insane asylum?

A. No, sir.

Q. But you would keep them for life in a special institution provided for that class of cases?

A. I think so.

Q. (By Mr. Hall.) For example, there are some feeble-minded people at Polk who are forty years old, there is no chance for improvement in such cases?

A. No, sir.

Q. Would you keep them there or commit them to an insane asylum?

A. That is a very delicate subject. I don't believe Polk is the proper place for them or a hospital for the insane is the proper place, because those people usually have pretty bad habits and they are communicated to the newcomers and I think of the two places the hospital for the insane would be the best place. While not truly insane they are alienated and never can be anything else.

Q. (By Mr. Hall.) Possibly after the age of twenty, or something like that, there is no improvement, or much improvement?

A. No, sir.

Q. Then isn't it sort of wasting a proper home for the feeble-minded children to keep persons there from thirty to forty years of age and should they not be taken somewhere else and devote the room to the improvable children there during the seven years course that they have in that institution?

A. I think so; I always felt that was a mistake but I think that the law originating Polk has made it so. The construction was that the institution was intended for the feeble-minded and it was not necessarily children but a person once feeble-minded was always feeble-minded; it seems to me, however, as you say, they ought not to be maintained there at this certain period. That is, when they become unimprovable, after a certain age they cannot be cured and ought not to be maintained there.

Q. (By Mr. Bliss.) Suppose you look at it from another point of view. Very many of them in that condition are able to work and work with considerable intelligence and on account of their work relieve the institution of considerable expense, would they be as useful in your institution as they are there?

A. I think so.

Q. (By Mr. Hall.) Do you always have all the laborers among your patients that you can use?

A. No, sir.

Q. What percentage of your patients can you employ at work?

A. We have possibly half the number of our patients at work at something or other but it does not amount to as much as the work of an ordinary laborer.

Q. Certainly not for the reason that you do not keep them engaged and working constantly?

A. No, sir.

Q. The women do not do so much as the men?

A. No, sir.

Q. (By Mr. Snyder.) Suppose the cost for buildings and maintenance were not taken into consideration, only what would produce the most comfort and the greatest number of cures for the insane, what would you suggest as a change in our present laws or in the management of the institutions under our laws, that is, don't take into consideration the cost but what would be for the most comfort and best interest of the patient?

A. I would say hospitals for the acute insane would be the thing and have the epileptic by themselves and criminals by themselves and the rest by themselves.

Q. In separate hospitals?

A. Yes, sir.

Q. Would that bring about the most comfort for the patients and produce the most cures?

A. Yes, sir.

Q. (By Mr. Marshall.) You mean in separate buildings but under one management?

A. Yes, sir.

Q. (By Mr. Hall.) Increase the facilities by adding to the buildings in those asylums where they are established?

A. Yes, sir.

Q. (By Mr. Snyder.) You would keep the criminal insane in one department?

A. Yes, sir.

Q. And epileptics in one department?

A. Yes, sir.

Q. And the acute insane in one department?

A. Yes, sir.

Q. And there may be two or three other grades?

A. Yes, sir; except that I have always thought that for the criminal insane there should be a department in connection with the penitentiary for the convict insane.

Q. How about the man with a mania?

A. He would naturally come into one of those institutions.

Q. Not to an institution for the criminal insane?

A. No, sir.

Q. Where would you put the case of a man who threatened to kill. Take the case of the man who dug a grave in his cellar for the purpose of putting his wife after killing her, where would you put him, would you put him in the criminal wards?

A. He has not committed a crime?

Q. He was about to commit a crime and because his wife did not return he did not have the opportunity. You mean by convict, one who has committed crime and became insane afterwards?

A. Yes, sir.

Q. (By Mr. Bliss.) Suppose a man has committed crime and been acquitted on the ground of insanity how would you classify him, he has committed a crime but has been acquitted because of insanity?

A. Well, I think he naturally belongs to the convicts.

Q. What difference would there be between him and this man who dug the grave for his wife and would have put her there if she had come home?

A. That is a pretty fine point. We have several men here who have committed crime and have been acquitted on the ground of insanity and they do very well. They have to be watched but they get along all right; it seems to me that that might possibly be a good way. There were several pointed out to-day in the Colony farm building.

Q. (By Mr. Snyder.) Don't you think that a man who had prepared to commit a crime, such as this man of whom we are speaking, he dug a grave for his wife and although he did not commit the deed and evidently insane when he did that, wouldn't he be as fit a patient for a criminal ward as the man who had committed a crime when he was insane?

A. Well, I think there is a difference there.

Q. Of course, under the law, he would not be found guilty of committing a crime, such as the other man committed, because he had not committed it but doubtless he would have committed it if his wife had returned?

A. It might be a passing fancy; it might be a delusion, he could overcome that. Possibly that might be regarded in the way that many of these people act, which is upon impulse, and just as soon as they commit the act they are sorry for it.

Q. (By Mr. Bliss.) Would you class him among the criminal insane?

A. He had not been convicted of any crime.

Q. (By Mr. Snyder.) In the one case he was tried before the court for the commission of a crime and acquitted on the ground of in-



State Hospital for Insane—Warren—Side View.



State Hospital for Insane—Warren—Eckert Memorial Building.



State Hospital for Insane—Warren—Stock Barr.



State Hospital for Insane—Warren—Gas and Water Works.



State Institution for Insane—Warren—Men's Ward.

State Hospital for Insane—Warren—Chapel.





State Hospital for Insane—Warren—Women's Ward.



State Hospital for Insane—Warren—Airing Court.

sanity, and in the other case he intended to commit a crime but was not able to carry his intention into execution because his wife did not return?

A. In the one case he was a convicted insane person.

Q. (By Mr. Bliss.) Do you limit your definition of the criminal insane to those who have been guilty of a commission of a crime and acquitted on the ground of insanity?

A. I mean the criminal insane that have been guilty of the crime but not tried; those who have been acquitted on account of insanity.

Q. Let me ask you a question: Suppose we were to abolish the system established at Wernersville and send the chronic insane to the other State asylums and establish an asylum for the treatment of the acute insane and transfer the acute cases from all the present asylums to that one, or those asylums, and establish an asylum for the epileptics, would it be an improvement on the present system or not?

A. I think not; I don't see how you could do that very well because it would make it too far for the friends to visit patients and the friends do insist on seeing the acute cases.

Q. Suppose you had three small ones scattered throughout the State?

A. That might be better but it seems to me the plan I stated before, that if you had facilities in connection with the larger hospitals, increased facilities, it would be the better plan.

Q. (By Mr. Snyder.) You think they should be kept under one management?

A. Yes, sir.

Q. (By Mr. Hall.) The administration expense is an important factor connected with the running of a hospital?

A. Yes, sir.

Q. You think it would be an expense, or more expensive, to establish three administrations which could be avoided by increasing the facilities of those already established and where one staff is already created?

A. Yes, sir.

Q. (By Mr. Marshall.) In addition to that you have the land on which you can add to the buildings already erected?

A. Yes, sir.

Q. (By Mr. Bliss.) Is the proportion of the patients in the other asylums about the same as in this institution?

A. Yes, sir; I think so.

Q. How many have you—if you are sure they are curable you call them acute cases?

A. Yes, sir; I think we have in the neighborhood of seventy-five.

Q. And what is the total number in the hospital?

A. One thousand and thirty.

Q. (By Mr. Snyder.) Your capacity is about 750?

A. About 700.

Q. Did we go over the matter of the cost of the maintenance of patients in your former testimony?

A. Yes, sir.

Q. And the causes of insanity?

A. Yes, sir; I believe so.

Q. (By Mr. Hall.) How long do cases last, usually, in the acute or curable state, of course it varies?

A. Acute insanity is usually defined as lasting anywhere from two months to a year.

Q. In the case of a person who is in here for a year, or a year and a half, you don't think as a rule there is much chance of his recovery?

A. I think the chances are very much against him but we have had a number in this hospital who have been in five and six years, and even ten years and have become improved, not entirely, but improved sufficiently to go out and be useful members of society. I have a woman now ready to go home who has been in this hospital between six and seven years.

Q. Was that due to her physical condition, weakened condition?

A. Yes, sir.

Q. And as that became better her mind improved?

A. Yes, sir.

Q. (By Mr. McClain.) If that woman had children would the insanity be transmitted to her offspring?

A. Yes, sir; I think so. You mean if that woman was to have children?

Q. Yes, sir; after she left the institution cured?

A. It would not be a safe thing; I think she tends that way and I think she has been tending that way and I think her having children made her that way.

Q. Any hereditary taint in her case?

A. I am not sure about that.

Q. (By Mr. Bliss.) If there was you would be very sure there would be?

A. Yes, sir.

Q. (By Mr. Heidelbaugh.) Are there very many women admitted during change of life?

A. Yes, sir.

Q. (By Mr. Snyder.) The percentage of cures in that case is more than half?

A. Yes, sir.

Q. Some, of course, remain always the same but the percentage would be 50 or 60 per cent.?

A. Yes, sir; I was asked recently about a case by a physician that he sent to me here and after satisfying myself with what I believed it to be, she just having commenced to be affected with lost consciousness, I imagined he was interested and after I gave my diagnosis he wrote to me and wanted to know what I thought about a person marrying who was in that state and I said under no circumstances; I said I had very decided views about it.

Q. (Mr. Hall.) I don't understand your terms, but is it difficult to tell when a patient is cured?

A. It is a difficult thing and we avail ourselves of the opportunity by giving those people a trial by leave of absence. The lunacy law gives us that right and we send them home for thirty days and keep them on trial and if they improved in that period and we hear from them to that effect we discharge them as cured. I think there is a certain something you can feel in people, that you can't explain, which leads you to believe that they are all right, or nearly as you can tell, but it is a difficult thing because oftentimes we have sent people away whom we thought were all right and they had to come back.

Q. The diagnosis of mental condition and physical weakness are two different things?

A. Yes, sir; the case of the young girl going around in dissipation and attending parties and theatres and sleeping very little, those are what are called simple insanity, there is no hereditary insanity there and there is no way to account for it except for the offence against the laws of health and they are usually prolonged cases. I had another girl who came here; she was an invalid for four years and she became troublesome and they thought they would like to have her taken to Hygeia Hall and she took acute insanity and they thought she would die and we brought her here. If she had been in Erie, where she belonged, and a consultation taken place among a half dozen physicians she would have been beyond hope probably by the time she got here but we had her here and we cured her and she is in New York to-day receiving instructions in organ lessons. I do not mean this as a reflection upon the physicians but because of the delays incident in such cases on account of examinations and all that. She is a very fine girl and is doing very well. By the time they reach us they are very much excited on account of these examinations.

Q. (By Mr. Bliss.) Isn't that an argument in favor of having hospitals nearer the homes of acute cases?

A. Yes, sir; that would be an argument but take the other side of it and you can have them on the same grounds and in connection with the other hospitals. That woman should have been treated in any of the emergency hospitals if they understood it but it seems that just as soon as a person is a little delirious and manifests a violence they think they cannot do anything with them.

Q. (By Mr. Hall.) That is, the regular practitioners do not attempt to treat them?

A. No, sir.

Q. All they do is to give them something to quiet their nervous system?

A. Yes, sir.

Q. (By Mr. Bliss.) Do you think any change in the marriage laws would in any way prevent insanity or have a tendency to reduce the number?

A. I don't know how that can be done; that must be done outside. There must be some restrictions in our marriage laws.

Q. What kind of restrictions would you suggest?

A. A little more carefulness in the selection of the persons who get married; of course we have to register them.

Q. Would it not be advisable to make it more difficult to get married?

A. Yes, sir; I think it ought to be made more difficult.

Q. If there is a class of people who ought not to be married should it not be prevented by legislation?

A. Yes, sir; I think so.

Mr. Shirk (a Trustee.) About two years ago a mother and her two daughters were committed to this institution and within a year a son of her's was also committed to this place, so that we have the mother and three children here. These people should not be permitted to marry because of the taint of insanity. I know nothing about the father. Another case I have in mind is a woman here who comes from a very nice family and she married and had a daughter. Shortly after that daughter was born that woman was brought here. The daughter grew up to be a young woman and a young man on the railroad paid attention to her and his friends came to him and said, "Don't marry her because her mother is at Warren." He married her and a year after they were married she was brought to Warren, after the birth of a child, and the mother is still in this institution.

Q. (By Mr. Hall.) Suppose the Legislature of Pennsylvania would pass a law restricting and limiting it, even defining what people should marry and say, you shall not have a license under certain restrictions, does that end it?

A. That is the trouble; it is a difficult problem.

Q. (Mr. Snyder.) How would you get over it if they would go to New Jersey and thus avoid the law in this State?

Mr. Bliss. We would have to do as we do now, wait until they adopt our laws.

Mr. Marshall. It will not be many years until there will be uniformity in all those laws in all the States of the Union.

Mr. Hall. It is my opinion if you make it a penal offence and put every person in jail who married improperly you would have to have a lot of jails.

Q. (By Mr. Snyder.) Do you think insanity is increasing according to the population?

A. No, sir; I don't think so, I think it is keeping just about apace.

Q. (Mr. Hall.) You have a different class of patients here from those who are at Blockley?

A. Do you think so; in what way?

Q. Most of the patients there are city born and bred, or foreigners and of a lower type.

A. Ours are from the farming districts; they are from the middle classes.

Mr. Hall. The Blockley patients are more from the pauper classes and degraded.

Mr. Snyder. I think Philadelphia sends a better class of patients to Norristown.

Dr. Guth. How do they discriminate?

Mr. Snyder. Persons who are interested in having them committed get two physicians to certify that the party is insane and a petition is presented to court and the court acts on the petition and if they think the physicians are reputable the person is taken to the Norristown asylum and Blockley has nothing to do with it.

Mr. Hall. There is a large element of pauper insane there who come from the pauper class. I saw the worst lot of faces in that place that I ever saw in my life.

Mr. Snyder. Yes, depravity is pictured all over their faces.

Q. (By Mr. Snyder.) Were you not a resident physician there at one time?

A. I was there during the time I studied medicine; I was in the insane hospital.

Q. You know about the class of patients that they have there then?

A. Yes, sir; I didn't know whether that changed or not. That used to be the class they had there, exactly.

Mr. Snyder. I think the reason they get more of the depraved class there is because many of them are taken up on the streets and other places by the police.

Q. (By Mr. Bliss.) The language of the report of this institution for 1896, is, I don't know whether you were connected with this institution at that time, but I would like to ask you whether you have anything further to say to the Commission about the subject here touched upon. The report says: "The Commonwealth, in its laws and in its courts, has proclaimed its watchfulness over the fountains of its citizenship and affixed grave penalties to any interference with their legitimate processes. But has it taken due precautions to ensure sanity at the sources of human life? Ought not the parents of future generations to be insurable risks? Under the doctrine of public policy, officers of the law already invade the precincts of domestic life and do not hesitate to control private property in respect to sewerage, garbage, ventilation, fire escapes, the constructions of buildings and matters of contagion. Might not the State be so inquisitive as to require the applicant for a marriage certificate to state such facts in his application as would enable the Committee on Lunacy of the State Board of Health to determine whether the applicant is mentally and physically qualified, so that the Commonwealth can suffer no detriment." Were you superintendent at that time?

A. No, sir; I was assistant to the superintendent then. That report was written by the trustees.

Q. What would you say to that now?

A. I would endorse that; that would be my sentiment to-day.

Q. (By Mr. Snyder.) Would you care to draft something that would follow out that line a little further and indicate just what the regulation should be?

A. I don't understand you.

Q. In reference to the marriage laws, take the suggestions contained in that report and designate some of the questions that should be asked of the applicant when they apply for a marriage certificate?

A. I might be able to get up something; I could not answer that question now.

Q. Just think about it and if you have anything to offer put it in writing and send it to Mr. Pedrick, the secretary of the Commission, following out the line of thought and make it specific.

Mr. Marshall. The marriage license act points out what is to be asked of the applicant and the idea is to extend it a little further.

Q. (By Mr. Hall.) I know a case where the person is 24 years old, whose grandmother was never in the insane asylum but always at home, in her later years became insane; he is engaged to marry a girl whose father was in this institution, would that be an advisable match?

A. I think not.

Q. (By Mr. Anderson.) There was a law passed at the last Legislature prohibiting first cousins from marrying, do you think that was a good law?

A. Yes, sir; there must be some penalty connected with it.

Q. (By Mr. Hall.) Well, now, say there are two first cousins having no taint of insanity, but take two persons who are defectives, that is a different case—the first cousins who are perfect in reason, knowing the law, would be governed by it but that would be a different case. But take two defectives who wanted to marry and were prohibited by law from doing so, they would much more likely want to live in illicit intercourse, wouldn't the mere fact of their being defectives have an effect on their moral characters?

A. (No answer.)

Q. (By Mr. Bliss.) Where the man may be personally sound, yet because his father died in this institution, insane, you would not advise that man to marry?

A. No, sir; it is in the blood.

Q. (By Mr. Hall.) What I mean is a different thing. Here are two sound persons, cousins, want to marry and here are two defectives, first cousins, you forbid them both from marrying, where the sane man and woman would yield to the law and be governed by it, but on the part of the defectives on account of their weakened condition they would not yield to it, now wouldn't that lead to immorality because of the likelihood of those defectives living in illicit intercourse?

A. Yes, sir; that might be so. We also know that where the relationship is as close as that it is not a good thing and the offspring is very apt to be weak-minded.

Q. (By Mr. Snyder.) Where there are no trace of insanity in the parents of first cousins they are not so likely to be insane as weak-minded?

A. I think so, but I think where the relationship is as close as that you are apt to have a degeneration. I think it is a good thing that first cousins should not be married; there is a tendency downward.

Q. (By Mr. Anderson). In the removal of patients to a place for imbeciles would you classify the females and males together, or just the males, or do you think it might be possibly advantageous to the males, while it would not be to the females?

A. I think not; we think that the females are just as degraded and we notice that here and, it seems to me, I would include both sexes, to be transferred after a certain age, I would not make any restriction. To me it is very repulsive to come across a woman of that kind and her influence is very bad.

Q. (By Mr. Hall.) Does a patient whose expense is paid for by relatives have the same treatment as those maintained by the State?

A. Yes, sir; this being a State institution you could not treat them differently. It is simply a privilege they have and furthermore they can remove that person without going to any public place. If for instance, we receive into this hospital a person where the friends pay, and after a certain time they become satisfied that they do not get along as well as they expected they can remove them and our objections are of no avail, but as far as the treatment is concerned there is no difference. If there would be any case sent by townships or counties and there is any improvement in them I send them to Hygeia Hall and we get \$1.75 for that.

Q. I thought the private patients were in a different part of the hospital?

A. Not at all; they are not treated any better than the free patients, except if they would want to have a nurse they are allowed to have them at their own expense. They can have additional attention and there is where the advantage of money comes in.

Q. (By Mr. Bliss.) Do you not think it would be a good thing if institutions were established and a law passed to compel their incarceration in those institutions without the permission of the parent?

A. I think they ought to be all in just like all the insane ought to be in the institutions.

Q. (By Mr. Anderson.) Do you think there ought to be a law passed to emasculate and giving institutions the power to emasculate males and females?

A. That is another puzzler; it has seemed to me sometimes that it would be a good thing. I think, under proper regulation, it would be a good thing, but it would be on a par with the question that has been raised by different legislators who have come to this institution and have said, why would it not be a good thing to give that person just a little something to put them out of their misery— that might be a good thing too if it was in the hands of proper persons but the trouble is it might not get into proper hands.

Q. You would not want the responsibility of administering chloroform?

A. No, sir; it makes no difference how unfortunate the being is, life is too valuable to be trifled with and we are just as careful with the worst cases as we are with others and are very careful in administering narcotics and if we were not, the friends would say we gave them something to hasten their death.

Q. Have married women been brought here and connection had by the husband and children born?

A. No, sir; I have not had experience with such things.

Q. (Mr. Marshall.) There was a case something like that here, where a woman was brought to this institution and recovered and a child afterwards born?

A. I think the class of cases now, in connection with what you are talking, restrictions would be a wise thing and that is where a person has become insane in child birth and goes to a hospital, and those cases are very curable, and that woman is restored and goes home and has another child and comes back to the hospital and is again restored and goes out and has another child, I think that ought to be restricted—every time she comes back she has an attack of acute insanity. We had a case like that.

Q. Don't you think the man ought to be operated upon who does that?

Mr. Hall. Yes, sir; I think so.

Q. (Mr. Hall.) You spoke of improvable cases being let out on thirty days trial. If they are not well do you think that, usually, ought to be allowed in cases where they are married?

A. No, sir; I don't think so. The same restrictions should be applied there or you have progeny that are no good.

Q. Their natural desires would lead them together?

A. Yes, sir.

Q. (By Mr. Bliss.) Mr. Geary said that the husband was less anxious to get the wife out?

A. No, I haven't been impressed with that; I think when they come for them they are about equally anxious, both man and wife.

Q. (By Mr. Snyder.) I think Mr. Geary's experience is confined entirely to Blockley?

A. Yes, sir.

Q. They are a different class of patients?

A. That has been a great annoyance to me because I knew what would happen to the woman restored; for the time being she passed through acute insanity. It was a case of puerperal insanity and if she had not passed through that she would have remained that way.

Q. (By Mr. Bliss.) What effect would that be likely to have upon her children, that kind of insanity?

A. I think there would be a weakness to all of them.

Q. There might not be in the first?

A. No, sir; but the subsequent ones. For the first one it might be all right but the idea of bringing into the world a number of defectives seems horrible.

Q. (By Mr. Hall.) There are three down at Polk institution from one family in Cambria county, two sisters and a brother, and it does seem horrible.

A. We have a number of sisters and brothers but that is an extreme case that Mr. Shirk mentioned, two sisters, mother and son.

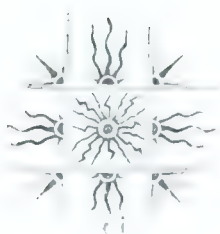
Q. (By Mr. Marshall.) You never tried to go back and find their ancestry?

A. It is very difficult to get at that; there is every effort on the part of the parents to hide it.

LEGISLATIVE COMMISSION TO INQUIRE INTO THE CONDI-
TION OF THE PENNSYLVANIA INSANE.

Inspection of the Willard State
Hospital for the Insane, Wil-
lard, New York.

MAY 28th, 1902.



INSPECTION OF THE WILLARD STATE HOSPITAL FOR THE INSANE, WILLARD, NEW YORK, MAY 28, 1902.

The Commission arrived at the Willard State Hospital for the Insane, in the state of New York, on Wednesday, May 28, 1902, at 11.45 P. M.

On Thursday, at 9.30 A. M., Dr. William A. Macy, superintendent of the institution, together with three members of the medical staff, met the Commission and a tour of inspection began.

It was stated by Dr. Macy that he very much regretted they could not entertain the Commission within the administration building for the reason that they had an epidemic of diphtheria.

The first building inspected was one for working men and in connection therewith was a clothing department where all the clothing was numbered by means of which each patient was able to get his clothing without mistakes occurring. There were also in this building a system of shower baths.

A number of large silos were also observed in connection with the various barns as they were passed.

Dr. Macy stated that they found it a great benefit to keep the insane employed and they did nothing with paid help that they could do with the patients.

"We have seven groups of buildings. The diet is different for the chronic insane and the acute. We have a staff of physicians and they are scattered around and some will have the care of from four to five hundred of the chronic class, where they do not require much attention; but with the acute patients we reduce the number of patients as much as possible to the physicians. Every now and then a man gets up and wants to know why we cannot take care of the insane for less expense, and at times there is some grumbling, but it soon subsides when people get to understand something of the work that is being done in the institution. The Colony system is a little more expensive but it gives better results. We have a remarkably good class of people here. Our country girls come from families that are reasonably well to do."

One of the barns was next visited and everything connected therewith was found to be arranged in the most approved method of barn building. In passing along the fire engine was pointed out. "We can get our engine at work on any building in eleven minutes

from the time of the alarm. Our firemen, however, are only from among the paid attendants. None of our patients are supposed to assist in putting out a fire as the excitement on such an occasion would be too great for them."

Dr. Macy also pointed out pleasure grounds for the recreation of the patients; also gardens where patients were seen at work, fields of corn, potato patches and berry patches on which many patients were seen hoeing and digging and otherwise cultivating the products of the earth, all the fields seeming to be under a high state of cultivation.

Hadley Hall was also visited. On the lawns near this amusement hall were seen many patients in recreation. "This hall was built in 1892 and will seat about twelve hundred people. When we have amusements we sell our galleries and in that way make up part of the expenses. If we get a visiting entertainment it costs quite a sum. The State gives us three cents per capita and that together with paid admissions goes to keep up the band and orchestra.

"Sometimes we are favored with very good talent and of course it is quite a diversion for the patients. Religious services are held every Sunday in this hall; the services are conducted by clergymen of different denominations. We give our patients a dance every week, and the employes once a month, and troupes come in as we can afford it. In the dances that we have the women attendants dance with the male patients and the men attendants dance with the female patients, and thus we have no difficulty in preserving order. We utilize our employes in the formation of an orchestra. In the summer time we have ball games for their amusement. We make up a team out of our employes and that is done on their own time so that the hospital really loses nothing by it. We get a number of teams every season from the outside and usually pay their railroad fares. The male employes number about 225. Our proportion is about one to twelve; that means day attendants, night attendants, dining room help and all the rest. All the work on the roads, lawns, in the gardens and fields and about the premises is mostly done by the patients. All our attendants wear uniforms. We do not take any private patients and the cost is limited to \$3.50 per patient a week. The counties do not pay for maintenance but it is paid by a state tax levied for that purpose. The land belonging to the institution is about 1,200 acres. Eleven counties comprise the district. We have about 40 sheep, 50 horses and about 140 milch cows. We have about three miles of railroad tracks on the grounds which reach all the buildings and this does away with the use of a great many teams for hauling. We have our own track hands and one half of the expense is kept up by the railroad company and the

other half by the institution. Whenever our water supply fails we resort to the lake for water. In ordinary seasons we have plenty of water but in dry seasons we have to go to the lake. That water out there (pointing to Seneca Lake) is 600 feet deep. We have our acute cases on each side of the main building, known as the Administration building. We have about 600 patients in this building. We have no hospital building but we have wards arranged very conveniently for that purpose. We have a complete telephone system arranged throughout the grounds so that any building may be communicated with."

A visit was made to the building occupied by the chronic insane women, which included an inspection of the kitchen, laundry, dining-rooms, bed-rooms, &c.

In the drives to the various buildings an opportunity was given to observe the excellent roads and concrete pavements along the roadsides which afforded good walks for the patients.

A row of houses was pointed out as the homes of the employes. "We put our able-bodied patients to work at anything we can find for them to do. They work in the fields, vineyards, berry patches, in the shop and in fact at almost any occupation, except we do not use them for carpenter work. We also have a quarry on the premises where we get our road material and the roads through these grounds have been made by the patients. The State appropriates a certain amount of money towards the maintenance of roads and the counties contribute a certain amount, and there is no tax worked out on the road as I understand is the case in Pennsylvania. We have a road roller and stone crusher that is utilized in connection with our road work. We use all our grapes. Last year we canned about 8,000 cans of tomatoes. The idea is to increase our canning capacity and other work and increase the diet and thus bring about good results all around. We do not buy anything that we can produce ourselves. We make all our brooms, brushes, baskets, mattresses, clothing, boots and shoes and make them just as we want them. We do not manufacture cloth but we make it up into clothing. Of course we cannot shut out articles made in institutions of other states. They thought they could, but it could not be done and the great difficulty is that we have shut out our own prison labor and some of it now comes in from other states. I believe that has also been accomplished in Pennsylvania, and it would be all right if it were not for the fact that it comes in from other states and we become the dumping ground for them. I can't see what benefit it is to shut this labor out of our own prisons if other states are permitted to go on and manufacture and send their product into our state. Our buildings are not fire-proof. I think it is much better

if an insane asylum is near a large town, say a town of ten to fifteen thousand population, on account of being better able to keep the employes, because then they become interested and have society and there is a likelihood of their staying longer in their positions. If they are near a large town they have their own churches and form friendships and have social enjoyment which bind them to the place. That is the only disadvantage I find here. The institution might be three miles away from the town. Of course you would have to select your town. I have had experiences under both circumstances and I have come to the conclusion that it is best to have an institution of this kind located near a large town, not only because it gives the employes some social opportunities but also because it gives the medical men connected with the institution an opportunity to mingle with other of their profession and have an interchange of views. We have no nurses' home where they can enjoy themselves alone but we have a men's room. They are on duty from ten to sixteen hours. I think it would be a good thing to have a separate nurses' home and give them the enjoyment of their individual life and not let them think that they are 'herded.' That is what we are trying to do in New York. We can get any quantity of help and we weed out and get the best we can. The Lunacy Commission fixes the salaries and wages of employes and attendants. We have a Board of Charity that looks after all the insane institutions of the state. We pay \$2.14 per ton for our bituminous coal, including freight; it comes from the Rochester and Pittsburg Company. The Lunacy Commission is given entire control of the insane asylum. The expenditures are made through their board of managers and no purchases can be made without their approval. They appoint the superintendents and stewards. The superintendents appoint all the employes and the board approves them. The board make allowances every two months and the superintendents make contracts and the supplies are purchased through the steward. Our law requires us to buy by joint contract as far as practicable and the result is we have a meeting of the board of superintendents and stewards two or three times a year. We get together and make an estimate of what we think would be an advantage to buy in bulk and then we advertise for such articles. Sometimes there is a little tendency to force in certain supplies that one hospital can get to a better advantage nearer the institution than another and then a consultation takes place as to what shall be done. We have, however, in the end, to do as the Lunacy Commission suggests and directs. The stewards meet on call but the superintendents meet two or three times a year. To attend these meetings some are necessarily required to go longer distances than others. We found in

having too frequent meetings it required a great deal of time away from the hospital on the part of the superintendents, and I know there have been occasions in which I have been away as long as three days at a time. As often as may be necessary the stewards are called in but usually through the superintendents so as to throw the unprofessional work as much as possible away from the superintendent, but he still maintains his supervision to see that everything is done for the best interest of the patient and institution. When it comes to medical matters the superintendent is recognized throughout. He is required to be a physician of five years experience in some insane asylum. The head of the Lunacy Commission must also be a physician of some experience. The members of the Lunacy Commission receive five thousand dollars per year.

"We have been troubled here with an epidemic of diphtheria for the last three years and have had 163 cases in that time. I have had it myself. We have none now except in one of the wards of the main building. We fixed a ward as a detention ward. We have thoroughly disinfected and gone to radical ends to meet the trouble, using fromaldehyde. We have had but three deaths out of the 163 cases and we feel quite proud of that. We have made between seventy and eighty thousand cultures in antitoxine. We have had every variety of cases. We depend on antitoxine in every case. We get it from Mumford in Philadelphia and some from the Board of Health in New York. We have a first class equipped laboratory. We have tested out a lot of problems in connection with this disease which have been bothering the specialists; and the more you investigate the more discoveries you are able to make. It is a deep subject and we find a variety of types of diphtheria. We had one woman who had it, in the most aggravated form, in the vagina. Diphtheria will attack any raw surface. Our experience shows that the germ will find lodgment in places that the average physician least suspects. I think there is a great field for original search by our state and national government in this direction as a betterment for the public health. We have all sorts of investigation in connection with agriculture and the betterment of such pursuits, but it seems we have not thought it necessary to make these researches in human life.

"The establishment of an institution like this is the outgrowth for the betterment of the insane, particularly in county poorhouses. At one time there was no idea of appropriate care. The patients were often allowed to intermingle both sexes and it was a common thing to erect a cheap building. I have seen in the summer time buildings erected fifteen by twenty feet divided off into four cells, and four patients put in there and allowed to go even without

clothing; that was the extreme of the old system. The condition of the insane in the poorhouses attracted the attention of the philanthropists and it resulted in the appointment of Dr. Williard, who was chairman of the Lunacy Commission, to investigate the condition of the insane. We have all his data in our library. The conditions were found to be so bad that it resulted in this hospital which was named after Dr. Williard. This was the second one built. As matters went on from year to year they finally found that the movement in taking care of the insane, as people began to appreciate their care, was not increasing with the insane and they began to build more hospitals and thus we were enabled to get a better classification and give the patients a better life, which was only obtainable under some such system. By bringing the chronic and acute together in the amusement hall, which is for both classes of patients, we find it is beneficial to them. Our custodial building then supplies for the acute cases. You would think that putting them together would affect the acute cases but our experience is the reverse. Our experience is that he will recover very much quicker than if he is given home treatment. The first thing that dawns upon them is the incongruity of their surroundings in comparison to what they were accustomed to. I do not favor putting the acute separate in one institution because ordinarily these people work like other people, and you would deprive the institution of the benefit of them in fitting up the grounds and in taking care of the others. There are lots of the chronic cases we can use as hospital helpers in cleaning floors and cleaning up the wards. As they are quieted down they are put in a quiet ward. Our classification is according to both mental and physical condition. True it is, there might be two acute cases that we would not put together, and there might be two chronic cases that we would not put together. We would like, in an institution like this, a separate building for the acute hospital cases but when they cease to be acute then we can move them into the wards. I approve of the cottage system. As to having them entirely separate depends on the number of people you are going to take care of and of course you would plan very differently for 250 than you would for 1,500. In the cottage system I would limit it to about one thousand patients, if I could. We are maintaining over two thousand patients here and of course you would reduce the cost if you put them very compact. When you come to the cottage system you have your attendants' rooms and heating and all that which would somewhat increase the cost, but in my opinion the increased efficiency counterbalances the increase of the expenses and that would mean the betterment for these poor unfortunates."

In the afternoon, at 1.30 o'clock, Dr. Macy, with others, again called for the Commission and in carriages the tour of inspection was continued.

The administration, or main building, was visited and the Commission was conducted into a room where the X-rays were exhibited and the electric current applied. In the convalescent ward it was explained that there were about 350 patients. The bath room was visited and the attendants in charge demonstrated its utility in giving various kinds of baths. "We spray them all here in the forenoon and in addition to that we have medical baths and a hot box for giving vapor baths, which you see there in the corner and which only admits the head to be exposed through that opening." The Commission also visited the dining room, operating room, the bakery, where there is an average of 1,600 loaves of bread baked per day, the kitchen, the dining-room for employes, the storage building and work shop. In the tailor shop was seen an electric cloth cutter used in cutting 44 thicknesses of cloth at one cutting. The patients in this department were engaged in making clothing of all kinds. There were about seventy-five women and about fifteen men patients working in the tailor department. In the shoemaker shop patients were making boots and shoes as well as doing repair work. In one of the work shops patients were seen weaving carpet, making mattresses, harness, all kinds of brushes, small and large, baskets, rugs, brooms of different varieties; in this department there were about twenty-five patients engaged in the various occupations. Their hours of labor are from 7 o'clock A. M. until half past eleven, and in the afternoon they go to work at 1 o'clock and quit at 5 o'clock. The store room was also visited. In the laboratory members of the Commission were shown diphtheria germs by means of a microscope. The usual clinical work is carried on in the laboratory. The laundry was visited and it was stated that there were one hundred patients, on an average, engaged in laundry work and that about fifty thousand pieces a week are laundered. The tin shop was visited and in this department patients were engaged in making useful articles.

Among the last places visited was the infirmary building for men, it being intended for the terminal cases and those suffering from tuberculosis. In this building were seen aged men in the last stages of consumption. Some of the inmates were in bed, some were sitting on benches and others moving around in a large room. It was stated that there were 184 patients occupying the building.

After returning to the car Dr. Macy remained with the Commission for some time and a conversation was engaged in by himself and members of the Commission.

Dr. Macy. In speaking about the care of the insane, times have very much changed with reference to their treatment. Our old steward, who died last October, told me they had one case come to this institution in a box and had him nailed up, in which there was a hole for his head to stick out and that was the kind of care people thought he ought to have in transit. Another case was brought in at one time by a constable, and although it was a cold day, yet they brought him to the steamboat landing and put him on board and chained him to one of the stanchions on the deck and they went in where they were warm, and the old captain of the boat saw the predicament in which the patient had been left, went out and loosened the man and brought him into the cabin and he was as quiet as any one. They told him he should not do that because if he did so he would do it at his own risk. They were all afraid of him and on that account tied him. That shows what the ideas were formerly concerning people who got insane. This man they brought here in a box got well and went home and died. I would rather have a mixed farm and a variety of occupations. There is about \$33,000 worth of products raised on the farm.

Mr. Hall. If you had to go into market and pay cash for those products it would cost far more than you make in that estimate?

Dr. Macy. Yes, sir; that labor is so much saved. It is something that if we did not do in this way would be absolutely lost. One of those women we passed in the laundry is a very good worker and she thinks she is going to be paid. Every now and then she comes and presents a bill and she says she expects to have her lawyer call upon me and have her pay, no matter whether I represent the state or not.

Mr. Hall. Have you ever known of a person being wrongfully committed, not mistakenly but wrongfully committed?

Dr. Macy. No, sir.

Mr. Hall. When I was put on this Commission I was written to by a number of persons who had that idea.

Mr. Anderson. You remember that young man from Virginia who married, I think his name was Chandler, there was some doubt about his insanity. What was his condition?

Dr. Macy. I think he was insane and is yet. He was committed to Bloomingdale. There is no institution higher in the world than that one and they would not admit him there unless they were sure of it. It is a charitable insane asylum and they are exempt from taxation by being charitable. It is a department of the New York hospital. What they make they turn in. They take some without pay and some are below paying rates. If a worthy case comes to their attention they will admit them free. They carry fifty to sixty

for nothing and have a board of managers and that board is authorized to use their discretion and they are very liberal. They claim they expend an average of ten dollars a week on their patients. They take some as low as fifty to seventy-five cents a week.

Mr. Hall. Have you any provision of the law which permits persons, who believe they are becoming insane, to come here and consult you?

Dr. Macy. No, sir; we have nothing except by commitment. I think it is a good thing. We have here at this hospital a certain number of patients who have been here before, or hear of this hospital, who go to their physicians and desire to be sent here for the reason that they feel they are breaking down and I think the number is becoming larger and larger. It is not my opinion that insanity is on the increase, but it is on that account.

Mr. Hall. I see in your report that 44 per cent. of the admissions since the 1st of October, 1890, were of foreign parentage. Have you ever thought why there should be that percentage, is it because those people have come away from home and family ties are broken?

Dr. Macy. Yes, sir; possibly that and being away from their native land. A great many are deprived of opportunities and conveniences that they have at home among their friends, and the men get into bad habits and all that.

Mr. Hall. Do you think the excitement of city life is any worse than the dead monotony of country life in causing insanity?

A. I think it is about the same; I don't think it is the strenuous life of the city but I think it is the opportunity for dissipation.

Q. Do you think a married man or married woman committed to this hospital and recovers to such a degree as to allow him or her to go home, that it is safe to allow them to go home?

A. I think I see what is behind that; I don't see any way to prevent it.

Q. In puerperal mania, do you think a woman who became insane after the birth of her first child and came here and was cured and went back home and at the birth of another become insane, until she would have six, should be permitted to leave the institution? There is a woman of that character in the Warren asylum under those circumstances.

A. We have the same condition here to some extent.

Q. Don't you think they ought to do something with the hog that married her?

A. You might think it should be done but I hardly see how it can be done. In the medical local society of New York we had a great discussion in which Dr. Hammond, of Washington, and Dr. Spitzka, of New York, participated and others took part, pretty well representing the medical profession in Washington, New York and Balti-

more, and we made up our mind that the time was not ripe for that; that common prejudice would overcome us and the question came up with reference to whom you could entrust this power.

Q. (Mr. Snyder.) There was an act passed in our State at the last session of the Legislature, making it illegal for first cousins to marry; what do you think of that?

A. I think that is a good thing. On this question of deciding who shall have this power, the fellow who has the power might do as I did once, although I did it through mistake. I had an Irishman come into the dispensary one time and wanted me to extract a tooth; I thought he had as good teeth as any I had ever seen but he insisted that I should extract a tooth and pointed to it and I took the forceps and got hold of that tooth and blistered my hands with the forceps and after I had it out he damned me because he said I took the wrong tooth. Well now a person exercising that power might pull the wrong tooth.

I don't think I was more taken back than driving to the stable one day and there was a patient there and I did not want to leave the horse with him and I got out and I says, Mr. So and So, is the stableman in there? Yes, he is in there; and I said won't you ask him to come here? And he looked up at me and says "you are not very busy, suppose you call him yourself."

One of my friends came in the other day and handed me a little clipping from a magazine representing a scene outside the wall of an insane asylum with a man there fishing and an insane man on top of the wall looking over and saying, what are you doing? Fishing. How long have you been there? Six hours. Have you had a bite? No. The insane man says, "come inside."

Q. (Mr. Bliss.) Is there any other institution in the state as large as this?

A. Yes, sir; two at least, one at Ward's Island for women is about as large.

Q. I mean whether there are any away from the cities as large?

A. Yes, sir; one at King's Park has about three thousand.

Q. How many have they at Matteawan?

A. Seven or eight hundred.

Q. What class of cases?

A. Criminal.

Q. (Mr. McClain.) Did I understand you to say that it was best to have asylums limited to a thousand (stated in general testimony)?

A. I think where you had the means, but from an economical standpoint they would not be so good, from a scientific standpoint it would be best.

Q. (Mr. Bliss.) State whether your average per capita cost here

is a fair guage as to the average cost in other similar institutions in the state?

A. Some more and some less; the average for the whole state last year was \$3.56.

Q. Would your average be lower because you worked more here?

A. I think it is because of our farm. I think we do more work than some of the institutions, not more than all of them.

Q. I don't think the amount of labor in any of our institutions is anything like it is here except at Wernersville, at which place we have an asylum devoted entirely to the best character of insane and the chronic insane are transferred from all the different state hospitals to that hospital, and there the per capita is very low but I doubt very much whether it is the most economical (a similar question being asked and answered given in the general testimony).

A. This was an institution for the chronic insane at one time but there is no question that we have greater efficiency under this system than we had before. It cost about the same as it does to-day. It did not include clothing, wear and tear and officers' salaries. I collected all that matter and added it to the fixed charges and I found during the time Dr. Chapin was here, and he was here about fourteen years, that it cost about \$3 per week and they had none here but purely chronics.

Q. (Mr. Hall.) Then we might as well do away with the chronic insane asylum?

A. We have done that here.

Q. Take an asylum for the chronic insane, why not take all those people away from here and leave the remainder with you, wouldn't that relieve you?

A. If that was done the expense would be increased and your work would be paid labor. Where would you gain anything? You would increase the cost for those you would leave here.

Q. You say that building, in which were the old people, is the terminal building, it is only a question of time with them?

A. That is the end.

Q. If they were all taken to one place wouldn't you be greatly relieved?

A. It would relieve us of a great deal of executive work but why should we not take care of those people? We have to look at that from the standpoint of disagreeable work. If you remove those people your cost would be vastly increased because we are taking care of the chronics by some patients who are able to work, whilst if they were in a separate institution you would have to employ all paid help.

Q. (By Dr. Murdoch.) That class of chronics require a great deal of laundry work and it can be done by others who are able to work?

A. Yes, sir; we tried it here for years, from 1869 to 1890, and we abandoned it.

Q. (By Mr. Snyder.) Then you have no separate hospital for the chronic insane?

A. No, sir; we went to work and changed this all over. As I have said, this institution was at one time an institution for the chronic insane. They talk of it frequently but they do not stop to figure up the disadvantages.

Q. (By Mr. Bliss.) I am not so sure that the county care is not a good thing provided it is under the control of a state board like your State Lunacy Commission, who are paid and can supervise and direct it, not a large county but two or three counties go together and make a district of them, don't you think it is a good thing to have the patients near their family and friends where they can be visited every week or every two weeks?

A. A great deal can be said on both sides and I think it over-balances in favor of the district system. If you could have it as in Wisconsin and pick out ideal people for every hospital it might be all right.

Q. They do that here now; have a central board and it would make perhaps thirty to thirty-five state asylums instead of a dozen?

A. Your economy would be on the other side of the sheet.

Q. How would it affect the patient?

A. I don't think it would affect the question largely because those who can afford it will come to see their friends there.

At the conclusion of the inspection the Commission were invited to the office of the superintendent, where the following took place:

Mr. Snyder, Chairman. The Legislature of Pennsylvania, realizing the present crowded condition of the hospitals for the care and treatment of the insane, in the State of Pennsylvania, appointed a Commission to examine and make inquiry and recommend to the next Legislature some established basis which will afford the most modern and approved methods for the treatment of the insane.

We have understood that your institution has a system by which the patients are furnished light employment and it has been found to be very beneficial to them and through your kindness we came here to examine into your system and if by the knowledge we have received here we are able to report to the Legislature something to improve our present system of caring for the insane, not only are you entitled to the thanks of the Pennsylvania Legislature but the thanks of the people of the entire State as well and I extend to you, in behalf of the Commission and the State of Pennsylvania, sincere thanks for your extreme kindness and courtesy in showing us over the grounds and through the various buildings connected with this splendid institution.

There are some general questions we have been asking the superintendents of Pennsylvania and whatever you will answer we will be glad to have and whatever you do not desire to answer may be passed over.

Dr. Macy. In reply I desire to say that any information I can give your Commission I will be glad to do. There is no reason why there should be any reservation on my part.

We have a system that is called a mixed system here and very much like every hospital in the state. I do not claim anything for Williard except what we are trying to carry on in all the hospitals of the state of New York. Possibly in farming operations we may excel other institutions of the state on account of increased facilities but other institutions may excel us in other things.

The state officers desired that I should meet you in this matter and do everything I could in giving you information on subjects that are being investigated by your Commission. I desire to express the regret of Dr. Peterson, chairman of our Lunacy Committee, that he could not be present with us to-day. This arrangement was made originally before the abolishment of the board of managers and when I had notice from Mr. Pedrick of your coming I at once telegraphed to Dr. Peterson and found they had a meeting to-day in Albany, which prevented his being here. I received a letter from Dr. Peterson this morning expressing great regret that he could not be with us and he also expressed a desire that you visit the institution in the state for epileptics.

Our institution here is the second in the state. We have the opportunity for separate classification, separating all the chronic cases from the acute and if we are able to acquire additional facilities in equipment there should not be any complaint and we will be able to give better returns and results to the state at a lower rate.

Q. (Mr. Snyder.) What method do you adopt for obtaining employes, nurses and others?

A. We have a large number of letters sent us constantly from all over the state and oftentimes letters come from the extreme ends of the state requesting employment by people who know of our institution. There are a large body of employes who follow this service and it often occurs that they desire to change so as to be nearer home and all that. In addition to that, if we find we are running short of help, and it is usually women attendants rather than men attendants, we send to other institutions and find out how many they have on their eligible lists. Only last night I got a list of thirty names. In those cases we write circular letters to all of those people stating that we have vacancies and also asking if they are desirous of becoming applicants we would like them to fill out

the blanks that we send them and after their receipt we consider them; and a large number are filled in that way when we have not sufficient on our own eligible list. We never found it necessary to advertise. Some of the institutions in the state do advertise, particularly those near the large cities, such places as on Long Island. From what I have heard they advertise in the rural papers up through the state in the different counties and in that way secure a good many employes. We never found it necessary to do that here, but with our women list sometimes we found it practically exhausted.

(Copy of blank application attached to the record.)

Q. What is the eligible list?

A. A list of the names of persons sent in as desirable to be employed for such purpose.

Q. Not through examination?

A. No, sir; we give them the examination ourselves. The answers they make in the application papers is considered a partial examination and as soon as those applications come back we write to their references asking for information about them and if we do not find enough on these papers we ask particular questions and classify them according to occupation. For instance, we classify all those that are muscular by themselves and those having no trades we put by themselves. We then put them on files so we can turn to them readily and there is a heading on the list which shows what they can do.

Q. Your supplies are all obtained through the Lunacy Commission?

A. All obtained on estimates and those estimates are sent in.

Q. By competitive bids?

A. Very largely and on actual advertisement for supplies.

Q. How often are those competitive bids made?

A. Some of our supplies are advertised for once a year, some of them twice a year, some by the month and some obtained on open bids without advertisement. Here is a copy giving a full estimate of the wages and supplies for June and July (referring to an account book).

Q. Who is that estimate presented to?

A. Presented in triplicate to the State Commission in Lunacy. One goes to them, to their office, one is forwarded to the State Comptroller and the other together with all changes is returned to the hospital.

Q. What is the average proportion numerically of your attendants to the number of your inmates?

A. I will give you that from our report which will be more accu-

rate: One to nine 44-100; our average is about one to ten.

Q. What has been the result of the industrial training of your patients? Our object in asking these questions is to get information on these subjects so we can present the testimony in the report.

A. In a general way it is of extreme benefit to cases that are suited and that condition, in which this occupation begins with some, is in the acute stage and extends to almost all of the chronic cases of the hospital. There are a number never will do anything, but by varying the occupations we are able oftentimes, after the lapse of months or years, to secure the actual employment of patients who would never before do anything and in that way stay the advance of dementia and make their condition better.

Q. What percertnage of your patients work?

A. From 50 to 53 per cent.

Q. Have you women physicians?

A. Yes, sir.

Q. The nurse attendants in the women department are women?

A. Yes, sir.

Q. How many hours are they on duty?

A. Their hours vary according to different kinds of employment, from eight to ten hours, and then we have what we call the long and short day, three different hours. With the ward attendants proper there would be ten, twelve and sometimes even longer, fourteen or sixteen hours; that depends largely upon the number on duty, the number that happened to be away sick, on vacations and matters of that kind.

Q. How many patients have you in your institution at the present time?

A. I say 2,260.

Q. About what proportion are males and what proportion are females?

A. About half and half. I have here the report for May 24th (referring to statement); we have 2,258, and of those 1,142 are women and 1,116 men.

Q. Do you place restrictions upon communications by letter to or from your patients?

A. Only as to the supervision. We require that all the mail coming and going shall be supervised by the physicians; at the same time all mail addressed to the Governor, Secretary of the State, Attorney General, District Attorney, any judge of the court, I think one or two other officials are mentioned, goes without any scrutiny; although I would say in addition that the ratio of the attendants to patients at the time of making this last report is thrown out a little from the fact of this epidemic of diphtheria.

When we made it, it was one to nine 44-100, but our average is about one to ten.

Q. What formula is adopted to obtain the admission and also the discharge of patients?

A. All patients committed by the courts, through the judge of the first court of record. We have first the petition of the relatives to the court and by getting it before me I will give it to you logically. We have the petition of the nearest of kin, or the person who is authorized under the law to make this petition. I think I can give it to you better if I read it. It goes on and gives the order for commitment of an insane person and provides for medical examiners in lunacy and providing for certificates of lunacy by two reputable physicians, and then reads as follows: "Any person with whom an alleged insane person may reside or at whose house he may be, or the father or mother, husband or wife, brother or sister or the child of any such person, and any overseer of the poor of the town, and superintendent of the poor of the county in which any such person may be, may apply for such order, by presenting a verified petition containing a statement of the facts upon which the allegation of insanity is based and because of which the application for the order is made. Such petition shall be accompanied by the certificate of lunacy of the medical examiners, as prescribed in the preceding section. Notice of such application shall be served personally, at least one day before making such application, upon the person alleged to be insane and if made by an overseer or superintendent of the poor, also upon the husband or wife, father or mother or next of kin of such alleged insane person, if there be any such known to be residing within the county, and if not, upon the person with whom such alleged insane person may reside, or at whose house he may be. The judge to whom the application is to be made may dispense with such personal service, or may direct substituted service to be made upon some person to be designated by him. He shall state in a certificate to be attached to the petition his reason for dispensing with personal service of such notice and if substituted service is directed, the name of the person to be served therewith.

"The judge to whom such application is made may, if no demand is made for a hearing in behalf of the alleged insane person, proceed forthwith to determine the question of insanity and if satisfied that the alleged insane person is insane, may immediately issue an order for the commitment of such person to an institution for the custody and treatment of the insane. If, however, it appears that such insane person is harmless and his relatives or a committee of his person are willing and able to properly care for him,

at some place other than such institution, upon their written consent, the judge may order that he be placed in the care and custody of such relatives or such committee. Such judge may, in his discretion, require other proofs in addition to the petition and certificate of the medical examiner.

“Upon the demand of any relative or near friend in behalf of such alleged insane person, the judge shall, or he may upon his own motion, issue an order directing the hearing of such application before him at a time not more than five days from the date of such order, which shall be served upon the parties interested in the application and upon such other persons as the judge, in his discretion, may name. Upon such day, or upon such other day to which the proceedings shall be regularly adjourned, he shall hear the testimony introduced by the parties and examine the alleged insane person if deemed advisable, in or out of court, and render a decision in writing as to such person’s insanity. If it be determined that such person is insane, the judge shall forthwith issue his order committing him to an institution for the custody and treatment of the insane, or make such other order as is provided in this section. If such judge can not hear the application he may, in his order, directing the hearing, name some referee, who shall hear the testimony and report the same forthwith, with his opinion thereon, to such judge, who shall, if satisfied with such report, render his decision accordingly. If the commitment be made to a State hospital, the order shall be accompanied by a written statement of the judge as to the financial condition of the insane person and of the person legally liable for his maintenance as far as can be ascertained. The superintendent of such state hospitals shall be immediately notified of such commitment, and he shall at once make provisions for the transfer of such insane person to such hospital.”

(Copy of law and blank attached to the record.)

The judge’s actual commitment concludes that proceeding and we have an actual commitment in each case. There are some exceptions taken by some of the judges to this commitment very lately, as to waiving notice to the patient. Certain lawyers have held that the service should be made in all cases. There is a good deal of objection to this because it necessitates an actual trial of a person who is under control, not because of any trial.

Q. Do you have a conference of your superintendents several times each year?

A. We have had up until the present, up until two or three months ago, for the period of three years prior to that every month.

Q. The superintendents of the institutions are fourteen?

A. About that number.

Q. And in case of an outbreak of an epidemic, or contagious disease, you have a separate house where they are quarantined?

A. There is no separate provision made for our institution but in the case where that has occurred the Lunacy Commission has always placed means at our disposal to make such provisions. At this place we had an old farm house and vacated it and set it apart for that use and in addition to making temporary provision they have allowed us to purchase tents and other equipments. Just at present we have a small outbreak of small-pox in one of the hospitals.

Q. What kind of patients do you treat in tents?

A. Patients such as do not run away. We are thinking of keeping some there this summer, by caring for our consumptives on account of the crowded condition. At Manhattan they care for the consumptives the year round in that way.

Q. What is your system of religious observance and also of your amusements for the insane?

A. The religious observances we provide might be divided under two heads, Protestant and Catholic services, and near this hospital we happen to have some two or three Protestant clergymen and two or three Catholic clergymen in nearby towns, and there is an appropriation of one thousand dollars a year made for the payment of those expenses and that is divided between them. In other hospitals they are likely to have one Protestant and one Catholic chaplain, or provide for one Sunday service. All are paid the same, both the Protestant and Catholic clergymen.

Q. Do you believe that the application of civil service principles for employes in the various departments of your hospital is beneficial?

A. I do.

Q. How is that arranged, this sheet is filled out?

A. Yes, sir; first two sheets are made out and the applicant is certified there to be physically and mentally able, to the best of his knowledge and belief, and capable of performing his duties and a statement also is made with reference to his sight and hearing. When we send for them they come here and we have a branch ward of the civil service department to make an examination; our institution has its own local board made up of its own officers. These positions are of the non-competitive class and these officers, or their representatives, will actually examine these applicants, giving them test questions in reading, writing or arithmetic. In the competitive class the examination is held at Albany by the civil service board.

Q. What class is examined?

A. All attendants, farming, all in the culinary department.

Q. Are the assistant physicians examined?

A. Yes, sir; they are examined by the state board. When we have a vacancy in the competitive class, we have to report all changes as they occur and it is done right after the vacancy occurs. I sent in one or two to-day to the civil service board at Albany. If we desire positions filled from the competitive list they send us the names of the three highest on the list and we are compelled, under the law, to select from those three.

Q. You don't get a second list from which to select?

A. No, sir; only from that one list.

Q. The government has a little different method. They will send you the second list if you fail to select from the first list but you must select from that second list.

A. I am inclined to think that is a pretty good thing. If you handle the civil service too closely, the one trouble we find, it is apt to reduce the list, a list of those only up to mediocrity and it keeps out those who are on the non-competitive list rather than the competitive list. All those who are bright and energetic want to go into institutions close to the large cities rather than to institutions isolated and at a distance from them, and not being able to make a selection entirely of their own it may not result so well for the isolated institutions. Take the position of physicians, particularly, every man will not make a good physician in this work; he may make a good practitioner outside but he may lack the qualifications necessary for a position of this kind. We do not want a man who will settle down and be content in moving along in a rut, but we want progressive men with a good deal of energy and love for the work.

Q. (By Mr. Bliss.) How do you discharge employes or physicians?

A. All the employes in the state service appointed from the competitive list can be removed for cause by the appointing power. All employes are appointed, except the steward, by the superintendent, and the steward and superintendent are appointed by the Lunacy Commission. If he made an unfit appointment they could go in and discharge him and they could make an appeal.

Q. Does the law give them a right to a hearing?

A. Yes, sir; and the decision on that hearing is final?

Q. Before the superintendent?

A. Yes, sir; it does not state definitely but I have always taken the ground, as far as removals were concerned, that the intent of the civil service rules was to give the right of appeal and I would not suspend any man unless I did so under legal evidence that would stand if the appeal was made.

Q. What would you suggest as the best means of preventing insanity, I know it is rather a broad question?

A. You could fill volumes on that subject.

Q. Just in a general way?

A. To boil that down, to put in an entirely practical way, I don't know that there is any remedy that I could suggest except to teach people to live more natural lives, live better lives and promote better citizenship and make the conditions of life so there would not be quite as much stress as there is at the present time, as there is in present localities, and remove some of the causes that tend to it.

Q. What are some of the causes?

A. Isolated neighborhoods where they break down in the rural neighborhoods from the monotony of life. The fact they are not in touch with others and lead hermit lives until they brood over fancies and go to pieces.

Q. Is alcohol one of the causes?

A. It is one of the principal causes but it need not necessarily be the primary cause, as you will know a great many people take to alcohol because of lack of success and discouragement and trouble and disappointment and grief, so it is not alcohol alone that brings men or women into an insane asylum. If you look back you find that the habit of excesses and alcoholism, as between them, I might say that excess is more largely a factor than alcohol. You can use that term because it may mean so many things. It may mean getting into trouble, brooding over things and all that.

Q. What is the percentage of those who have inherited the tendency of insanity, is it a large per cent.?

A. No, sir; about 50 per cent. It is not as large as people usually think because it is a common opinion among people that insanity is all hereditary. This table of 1900 shows the total of 269 cases, all told, and 145 men and 124 women; that is based on the number of admissions that year. They had tendencies of some kind that were traceable. It would be very hard to speak about that with any great degree of accuracy because we carry the collateral branches along. We say there is some hereditary tendency if we find a cousin or some other relative in the family and if you trace that out you might find that it was not in the direct branch at all and to say what the percentages would be would require very close study.

Q. I see in the table showing hereditary insanity in patients admitted since 1888 that in the total column there are 269 cases and there were 48 unascertained and 130 had no hereditary tendency, you simply put that down when they had insane relatives?

A. That would leave about 91, the difference between 178 and 269, about 30 per cent.

Q. The county care of the insane in your state has been abolished?

A. Yes, sir.

Q. Did it work unsatisfactorily?

A. Yes, sir; I don't think I need have any hesitancy in saying so as it was managed in this state but I would have to give you a little idea how that was carried out. We had one or two county institutions, said to be very well managed in counties with comparatively small populations and of those I cannot speak except from hearsay; I think they were fair'y well managed but not as well as institutions since, for the reason that they did not have the appropriation and did not have the population to be able to get the facilities they could in larger institutions without throwing an unfair and large expense on the counties pro rata. In New York and Kings county, where the largest number were cared for, I should think over a third of all the insane in the state, I think we had about a third at Manhattan, and the others must have run up the total very large.

Q. I suppose in those large sections of population they would work out then in the country districts?

A. They did not have to; the reason for that was this, they had to pay their pro rata proportion of caring for the state insane and the population was so large that it resulted in New York and Brooklyn paying nearly 70 per cent. of the total cost of caring for all the insane in the state of New York. They preferred to manage their own hospitals in their own way rather than come into the state, than to get their pro rata tax for running these institutions, and the result was in New York that they were paying about \$350,000 for caring for their own insane to reduce the per capita cost and they were inclined to reduce the per capita cost to the lowest ebb and the result was that for years and years we never could get enough money to run our hospitals as they should have been; and we were the target all over the United States and it resulted in having insufficient funds and trouble from our help and considerable trouble on the part of the patient on account of not having enough money to pay our employes and employ more; and it resulted in investigation and so on, and at last measures were adopted to determine what it cost in comparison to state hospitals and by that time the state began to actively agitate this matter and people in New York looked into it, whether it paid them to pay this money; and they came to the conclusion that the state insane were getting better treatment than they could give them and the result was finally to transfer to the state asylum from Kings county and New York.

Q. (By Mr. Bliss.) Had the state any care over those institutions?

A. A general supervision by the Lunacy Commission but without any power except to make general repairs.

Q. Do you think it is an advantage to keep the epileptics in a separate institution, or at least in separate wards?

A. Where the number of epileptics is numerically large enough to warrant separate establishments I believe it would be better to separate them entirely and handle the epileptic and criminal class separately. Keeping the criminal class with the other insane patients tends to give the general public an idea of a low grade place for incurables rather than a place which can be called a hospital?

Q. Have you any epileptics?

A. Insane epileptics? The state has not as yet developed their institution so they can take all the ordinary epileptics of the state; and the epileptics as a class, particularly the insane epileptics, is not a very promising class to handle and you cannot expect much else than a betterment in their condition.

Q. The acute and chronic insane are kept in separate wards?

A. Yes, sir.

Q. What would you think to having institutions for the chronic or wards for the criminal insane?

A. I think it would be more desirable.

Q. Separated entirely in an institution of this kind?

A. Yes, sir; if I could.

Q. Would you have a separate institution entirely?

A. If the number is large enough I would; it goes without saying that you can handle them as well and the moral element in it would be better.

Q. What would you include of the criminal class to be admitted, the ones who have committed crime, or those who have attempted to commit crime and failed?

A. I would place all the criminal insane in a separate institution.

Q. (Mr. Hall.) Would you draw the lines between the convict insane criminals and those who committed crime because of insanity?

A. I would say those who had been caught under criminal process and recognized by courts as criminal, whether tried or not because of having any criminal act.

Q. (By Mr. Bliss.) Do you think it is safe to trust to the jury, where their sympathies are invoked by counsel in favor of men accused of crime because of insanity and acquit him on the ground of insanity, do you think you would have sufficient to take that judgment to warrant you in sending them to the hospital for the convict insane?

A. If they are held on the order of the criminal court; those

people could be cared for in that way. It would relate to those who have been convicted in this state. A person can be transferred who has been held on a criminal order, those who are held on criminal orders.

Q. That is, any one that commits crime?

A. Yes, sir; without the necessity of completing the trial and recognized by the courts that they are insane. They recognize that by appointing a commission to inquire into it instead of going on and convicting the person for the crime. The sentence is suspended and he is sent to the asylum for the convict insane and if recovery takes place they are returned and tried. Then the question comes up whether it was due to insanity or whether he was shamming.

Q. Do you send a man of that kind direct to the hospital for the criminal insane?

A. They go to the state institution, or to the criminal institution direct, according to the order of the court; but the practice is to send them to the state hospital and that to be determined between the superintendent of the institution and the Lunacy Commission and if between them it seems to be a dangerous thing to maintain the person at the institution with the other patients he is sent to the hospital for the insane criminal. They have better facilities for taking care of the dangerous class there.

Q. Would you send one, who had attempted to commit crime and failed in its execution, there?

A. Not necessarily.

Q. Would you have authority to make such transfer?

A. I would not have any power to transfer at all. The Lunacy Commission would have power to do so if they thought that was the best place for the person.

Q. What is the cost per capita to maintain your patients?

A. The weekly cost, for the year ending September 30, 1901, was \$3.061. The weekly cost for six months ending September 30, 1901, was \$2.83. The weekly per capita for six months ending March 31, 1902, was \$3.15. The weekly per capita for the year ending March 31, 1902, was \$2.988. So you see it averages from \$2.98 to \$3.15.

Q. What was included in that?

A. Everything except extraordinary expenses, such as new buildings.

Q. Salaries?

A. Yes, sir.

Q. Betterments?

A. No, sir; all ordinary repairs and all salaries, wages and supplies.

Q. What is the percentage of cures in an institution of this kind?

A. That is influenced very largely by transfers and matters of that kind. In this state we have to meet the overcrowded condition of the institutions; we have transferred around from one institution to the other and for the year ending September 30, 1901, the percentage and the number of admissions was 19.6 per cent.; it runs from 19 to 24 per cent. of the admissions.

Q. About what percentage have been discharged as cured that return again?

A. It is all a matter of record in these tables (referring to tables in annual report).

Q. That is in your report?

A. Yes, sir.

Q. How often do the relatives visit patients in this institution?

A. Some visit them very regularly. It depends very much on the convenience or nearness of the friends to the institution; we have a woman patient here, to whom my attention has been called, who has been here forty years and the husband has regularly visited that patient every year in that time and has come here two or three days once a year.

Q. What is your classification of the insane?

A. That is also given here in this report.

Q. How many insane patients do you think can be advantageously cared for in a single institution, say in the care of the insane where money is not a consideration?

A. If money was not a consideration I should say that it would be wise to limit it to a thousand patients, rather less than that than more, but as applied to the public service.

Q. All the advantages could be obtained in an institution of a thousand patients?

A. Yes, sir; where money is, as it usually is in public service, always scarce.

Q. How would you divide the insane, would you have the chronic insane in one institution and the epileptics in another institution and the criminal insane in another?

A. I would have the criminal insane in one institution and the epileptics by themselves, either the insane epileptics with the insane or epileptics in a separate ward, and of the acute and chronic I would prefer to have them at one institution, built up on something like the cottage plan.

Q. (By Mr. Hall.) Assuming that an institution of this capacity, 2,200, is practicable and advantageous from both a medical and the business sides of the proposition and you had the authority and the funds at your disposal for the construction of a hospital of like capacity, how would you build it, on what plan as to con-

tiguity and connection to the several departments, so as to best secure its efficient and economical management and a proper classification of patients and what do you consider a proper classification?

A. Well, as to the division of the buildings I think I would follow a division somewhat similar to what you find in this hospital, based very similarly on what you find in the other mixed hospitals, having a department for the acute, hospital wards, detached wards for acute mania and group my buildings as far as I could so as to divide up the population into segments and provide for classification of the chronic and acute, dormitory wards for your chronic cases without the necessity of having single rooms all together but with sufficient number of single rooms, ranging from ten to twenty per cent., and a separation of those who became violent or noisy among the chronic cases. There are some who are among them that will become excited and need temporary care that they do not need in the acute cases. I would also have the dining room and kitchen service and buildings brought closer together without too wide a separation to allow economical heating. There are different plans in which you could arrange your buildings; you could place them on a rectangular plan, that would be as the architect would provide. If you separate them too widely you have to have separate kitchens for all your buildings. I would bring them together and make your grounds attractive rather than have them the appearance of a prison. You can distribute your food from one building and one kitchen in this way, where otherwise you would require a number of kitchens and in the same way you can bring your patients to a common dining room from all those buildings rather than to a number of dining rooms. If you do not have your buildings too widely separated from each other you can heat them much better and more economically.

Q. Are not some of your buildings too far away here?

A. Yes, sir; I think so.

Q. Would you say that a plan of buildings connected by corridors would be of the greatest advantage?

A. Yes, sir; but not necessarily. I would have them arranged so as to allow the noisy and disturbed cases separated from the quiet and particularly from my convalescents.

Q. (By Mr. Bliss.) Where would you put your convalescents?

A. I would put them as near to my administration building as possible.

Q. Do you think it would be necessary to have them removed as far as possible from the disturbed buildings?

A. Not necessarily; I would have them separated. In my general group of the buildings my method would be to remove them from the effect of the majority of the patients of the hospital and that

of course, if you had plenty of funds, would be feasible in every way.

Q. (By Mr. Hall.) You would like to have such departments that you could separate the acute and chronic as nearly alike in their mental and physical condition and put those who are nearly alike in their mental and physical condition by themselves?

A. I would have a division of the wards and a sufficient number of buildings so you could separate these people and classify them according to their mental and physical condition.

Q. And send them to a general kitchen?

A. Yes, sir.

Q. At Warren they have a convalescent building that will hold about fifteen and they take them there when they are convalescent.

A. If you have a large hospital property it is entirely feasible to have a colony to separate those people so as to give them individual life and I think that is a very desirable thing to do, but taking care of them under general hospital management it does not separate the general hospital management or organization.

Q. (By Mr. Bliss.) Can you tell how much money is invested in this property as it stands, machinery, etc.?

A. I cannot tell you accurately but the estimated value of the property and real estate is based partly on the figures; and cost of construction of the original building was \$1,396,243.50 to the time of making this report.

Q. Have you any opinion whether that sum of money would build a hospital on the lines you have indicated, with one central heating apparatus and one central kitchen?

A. No, sir; I could not answer that off hand without making a calculation and taking an architect into consultation. It is so long since I have gone over figures of that kind that I would not like to make a statement at this time. We have found we could erect our buildings and furnish them at a per capita cost of \$500, including bed, and that would meet all expenses except sewerage and power plants and light plants. It would wire the buildings and pipe them, furnish the steam radiators, but we found when we put in the added cost of the steam engineering department, that that run up the cost. It depends largely on location and how far you are going to carry your steam and the lay of your land and whether you have a natural outlet for your sewerage, or whether it will take care of itself and other matters enter into it; and the tendency now is even to reduce the cost somewhat. I think they have reduced the per capita in the later buildings about one hundred dollars but I think it is done by reducing the construction of the building in running the stories up to three instead of two. I am inclined to believe it is a good thing to have two stories for the clean class and the third story for the filthy class. It is almost impossible to

get fire-proof buildings these days because of the cost of construction. So, you see, your construction is really on a mixed system: Three, two and one story buildings.

Q. Do you care to give us any expression of opinion as to whether your system of purchasing supplies for all state institutions and furnishing them from a central source is beneficial or not?

A. I do not believe in iron clad systems but I think it is desirable to follow some such system as we have in this state. We think we can get better prices by making joint contracts; I think it is desirable but I think there should be some flexibility about it so as to get out of it when it is not advantageous. We went into this joint contract business and we had one commissioner who thought all supplies ought to be bought on joint contract and we found in some localities that some hospitals could get better rates for certain articles than could be obtained in that way. For instance, we found here we could get beans, potatoes, hay and straw at better prices than through the joint contract and being near Geneva and having our own barge we could do better in the purchase of salt. They were paying \$1.50 a barrel by joint contract for salt; I protested against that because I had a quotation of 85 cents a barrel at Watkins and we sent our men there and we were enabled to get salt at 85 cents F. O. B. at Watkins; and the last purchase we made we purchased 100 barrels, which was only a short time ago, and the Commission took no exception to it. They said that is a matter of common sense and if you can show you can buy very much better the best thing to do is to let you out of the contract. But I think wherever the purchases can be bought in large quantities it is advisable to have a joint purchase; it has worked well in this state as far as our experience goes. In the New York hospital, when I was there, we bought all our supplies, but our institutions were so large that the institutions for the insane could do just as well as the other institutions of the other departments. We paid 60 cents a barrel F. O. B. at Watkins and \$2 a ton for our agricultural salt.

Q. Do you care to give any expression of opinion as to the influence, beneficial or otherwise, of your system of periodical meetings of superintendents?

A. I think it has been a very beneficial thing for us to come together and exchange ideas and compare notes.

Q. Is it required by law?

A. It has been up until the present and now it is left to the option of the Lunacy Commission. They can call on us on notice at any time and there is no restriction as to the number of times, once a year or twice a month. When we met once a month, some of us

being at arms length from Albany, it seemed to be very well and then it was decided to meet twice a month and I thought it was of a little disadvantage, as it generally took me two or three days time away from the institution.

Q. What is the general scope and power of this Lunacy Commission over state institutions, over you for instance?

A. They have full power to direct the management of these institutions according to their rules and regulations.

Q. They appoint the superintendent?

A. Yes, sir; and steward.

Q. Can they discharge them?

A. Yes, sir; and they have an opportunity to be heard by them. I think that necessarily includes, under the rulings, that there has been no such cause. I think it would be the same as regards any removal by the superintendent.

Q. Do they take the place of the local boards of managers?

A. Yes, sir; we have a board of visitors with reportorial functions appointed by the Governor and removal at will.

Q. How long has that system been in effect?

A. The new system?

Q. Yes, sir.

A. From the 1st of April, this year.

Q. (By Mr. Hall.) Have you visited all the other insane asylums in this state?

A. Yes, sir; all but one.

Q. And there are fourteen?

A. I would have to count them up.

Q. Do the the other superintendents come here?

A. Occasionally.

Q. It is the practice among the superintendents to occasionally go to the others?

A. Yes, sir.

Q. We found some of ours who had not been in any other asylums in our state?

A. I think they ought to have latitude not only to visit the institutions of their own state but those in other states. Generally speaking, all of the superintendents of the country are members of the American Medical Physiological Association, that has a meeting once a year and a large number of superintendents of all the states and Canada attend those meetings. In case they meet in Canada they allow only so many to attend each year but in those cases their expenses are met by the state which sends them and their expenses are only nominal, five dollars or something like that. This year our meeting is at Montreal on the 17th of June. We have an

elaborate series of papers and we stay long enough to compare notes and make plans for visiting institutions where there is any progressive lines of work going on.

Q. What salaries do you pay your nurses?

A. We have a graded list. Our men draw, as a minimum, twenty dollars; and it runs to twenty-four dollars.

Q. Are the female nurses paid the same?

A. The men are paid from twenty to twenty-four dollars; the women from fourteen to eighteen dollars. The attendants in charge of wards run from twenty-five dollars to thirty dollars for the men and for the women it runs from twenty to twenty-five dollars. Graduate attendants are paid more; they are called nurses and we give them a two years' course. They can take a post-graduate course afterwards where special instruction, etc., is given them, and after they graduate we pay them twenty-five to thirty dollars, that is, the ordinary nurse. Where he is a charge attendant or ward attendant we pay the men twenty-five to thirty dollars and the women twenty to twenty-five dollars. Then after graduating we pay the men twenty-eight dollars to thirty-three dollars if he has charge of a ward and the women twenty-three dollars to twenty-eight dollars.

Q. That is three dollars more than the charge attendants?

A. Yes, sir.

Q. The charge graduate attendant gets more than the attendants?

A. Yes, sir.

Q. And the charge nurse gets three dollars more than the charge attendant?

A. Yes, sir; and gets, as a minimum, eight dollars more than the attendant. We have a classified wage list and salary list now for all institutions of all the departments in the state of New York, but that state department of the insane is separate from the other.

Q. (By Mr. Bliss.) Your civil service could hardly be enforced if there were no central board in existence, you could hardly conduct it yourself?

A. I don't know why it could not be done in that way; you might say that virtually we make our own appointments to departments ourselves. All the papers have to be filed with the central board, where they can be looked over and criticised as to whether there is a sufficient test for these positions, etc., and in that way it works very well. I am inclined to think that our system would be better if it was a little more flexible; and it would be of advantage if a larger number of physicians were added to the list, because there are special occasions in an institution where the medical faculty of an institution would better understand the wants of an institu-

tion than an outside board and for the reason that it is not likely that those outside can make as wise a selection as those who are right on the ground.

Mr. Snyder. Dr. Murdoch, have you any questions to ask?

Dr. Murdoch. No, sir.

Q. (By Mr. Hall.) Do you think it advisable that every institution of this kind should have separate quarters for the nurses where they could be away from their duties when not on duty?

A. Yes, sir; I do. I think it is a very desirable thing within reason. However, I would say, it would be necessary to have a certain number on the wards in case of accident, fire, or a patient becoming violent; that can be determined by the head of the institution. For the remainder and other employes I think it is infinitely better to have them outside. We have found it of great benefit here to have a number of employes live outside and a row of buildings was pointed out where many of them live. They are close at hand. I would prefer to have them a little further away. They can have small homes of their own and in that way will be more apt to stay with us and settle down. It is natural for the opposite sexes to come together and form affinities. Most of our institutions allow their employes to mingle together and supply quarters for married people without children. I think it is very desirable to take them off the wards after their work is done and have some place where they can have rest and relaxation and be removed from the sights and scenes of the day's work. I don't think anything will give a higher degree of efficiency on the part of employes to treat all of them in a humanitarian way and not treat them like machines because when you treat them like machines they will work like machines.

Q. (By Mr. Snyder.) How many assistant physicians have you?

A. Ten.

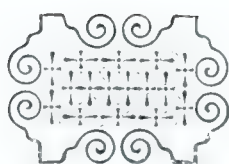
Q. How many females?

A. One woman physician.

LEGISLATIVE COMMISSION TO INQUIRE INTO THE CONDI-
TION OF PENNSYLVANIA INSANE.

Inspection of the Manhattan
State Hospital on Wards Is-
land, New York.

JUNE 28, 1902.



INSPECTION OF THE MANHATTAN STATE HOSPITAL ON WARDS ISLAND, NEW YORK, JUNE 28, 1902.

The Legislative Commission to investigate the condition of the insane visited the Manhattan State Hospital of New York, situated on Wards Island, on June 28th, and were met by W. L. Parkhurst, commissioner; T. E. McGarr, secretary of State Lunacy Commission, and E. C. Dent, M. D., superintendent of West Side Hospital. This hospital is entirely devoted to women.

The superintendent took the committee in charge and showed them through the various chronic and acute wards in the West Side Hospital:

This hospital is conducted on the cottage system. The buildings are two stories in height, well lighted and ventilated, with central kitchen, where all the food for the institution is prepared and taken through corridors to the different buildings and wards. The kitchen is superintended by a woman chef, who has full charge of all the culinary department.

There are at this hospital 2,127 women patients, of which 80 per cent. work at sewing fancy work, weeding the grass and making clothes for the patients. Each patient is supplied with clothes made to measure, and fitted and marked by number, so that the inmates always have the same clothing returned to them after being cleaned. The patients also pick over the hair that is used in the mattresses. This is done by those who are not physically able to do any other work.

The acute insane are treated in a separate building. In this building also all patients are received, and primarily treated, and after a short stay in this ward are distributed to the different wards according to the nature of their diseases. The wards are so planned that the attendants have perfect supervision over all the patients. It was stated by Dr. Dent that 23 per cent. of the acute patients recover. In this institution they have tried the color treatment, that is, have rooms fitted up and painted in one color. (Primary colors are the only ones used.) This is for special nervous cases, but the effect produced thus far has not been very noticeable. The number of attendants to patients is one to ten. The attendants are all women, but only one woman physician, the rest are males.

In this institution the spray bath system is used. This is in

charge of a special attendant, who has full charge of regulating the temperature of the water and no one could possibly get injured by the use of water being too hot, and no careless attendant can bathe two or more patients in the same water.

In the receiving ward there is an operating room equipped for all emergencies. It was stated that the cost of maintenance at this hospital is 40 cents per day, or \$2.80 per week.

After making a full inspection of this division of the hospital the Commission were turned over to the superintendent of the East Side, A. E. MacDonald, M. D. This hospital, formerly known as the New York City Asylum, and now known as the Manhattan State Hospital East, situated on Wards Island, is entirely devoted to male patients and is separated by a high board fence from the West Side. This hospital is one of the old insane hospitals built about thirty years ago, and more on the congregate style, and four stories in height, when expensive buildings were in order.

The per capita cost of this building was about \$1,500, while the West Side Hospital was about \$400 per patient.

This hospital contains about 1,900 male patients, but only about 50 per cent. are able to work. They are employed on the farm and in shoe shops and printing office, etc., as this institution does the printing for the rest of the state hospitals. The furnishings of the hospitals are all made in the state prisons. After a patient recovers sufficiently they try to find out what class of work or trade he originally followed and then place him at the same business.

The Commission visited the various wards of this hospital. The patients are fed in the various wards about the building by food which is supplied from a central kitchen. The acute cases here receive practically the same treatment as in the other state hospitals.

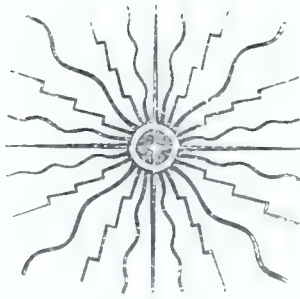
It was noticed at this institution that some of the worst class of patients (that is the filthy patients) not able to look after or take care of themselves, are kept in tents the best part of the year. This, of course, adds to the health of the rest of the patients in the hospital. Some of the consumptive patients were maintained in the same manner during a portion of the year, the tents being heated by stoves and lighted by electric lights. The patients seemed to thrive under this treatment.

The cost of maintenance at this branch of the Manhattan State Hospital is over \$3.00 per capita per week.

LEGISLATIVE COMMISSION TO INQUIRE INTO THE CONDI-
TION OF PENNSYLVANIA INSANE.

Inspection of State Hospital for the Insane
at Norristown.

JULY 12th, 1902.



INSPECTION OF STATE HOSPITAL FOR THE INSANE AT NORRISTOWN, JULY 12, 1902.

The Commission to investigate the condition of the insane, visited the State Hospital for the Insane at Norristown on Saturday, July 12, 1902, and was received by the president, Joseph Thomas, M. D., Dr. G. M. Stiles, Samuel K. Anders, directors of the institution; Dr. D. D. Richardson, chief physician of the men's department; Dr. Mary M. Wolf, chief physician of the women's department, and John L. West, steward.

The Commission, under the guidance of Mr. West, visited the dining rooms in both the male and female departments. There were about six hundred male and female patients at dinner in separate dining rooms. The rooms were well lighted and ventilated. It was stated by Dr. Richardson that the patients working on the farm, etc., were fed outside, so that they would not have to change their clothing at the noon hour.

The store room was next visited. From here the full supplies for the hospital are distributed by requisition to the several departments of the hospital.

The cold storage plant and then the bake house were next visited. The ovens are modern, heated by coal and always ready for use. The machinery in this building is sufficiently large for all the work required.

The new buildings, containing the violent wards, were next inspected. These are built on a modified cottage system. They are two stories in height, and in these were found all classes of insane mixed together in the wards. The hospital is so crowded that it is impossible to separate to any great extent, the criminal insane being with the rest. Some restraint, however, is used in cases where murderous mania prevails. In these wards were noticed imbecile children, that should have been at some other institution where proper facilities exist for treating and educating such class of patients, such as at Elwyn and Polk institutions.

The usual percentage of acute and epileptics prevails at this institution, with about the same percentage of cures.

According to the opinion of both Drs. Richardson and Wolf, the criminal insane should be kept in a separate wing or ward of a peni-

tentiary, and should not be sent to the insane asylums of the State, to mingle with the other classes of patients, as is the present custom.

Epileptics should be kept in separate hospitals, but the chronic insane should never be separated, as from this class of patients the best work is obtained, which very materially reduces the cost of maintenance.

The only fault the doctors of this institution expressed with the county care act is that unless the several boards of directors of the county institutions are very strict in the enforcement of the rules governing such institutions, the hospitals will be very apt to deteriorate, and get back to the old almshouse standard.

In their opinion a system could be established where eight hundred to one thousand patients could be provided for in a contiguous district, consisting of a number of counties, such as our judicial districts. This would, with proper supervision, be the same as a small State hospital.

Dr. Richardson believes that all patients should be taken care of in State hospitals. Dr. Wolf agrees with Dr. Richardson in this opinion.

In answer to the question, "Suppose money was of no consideration, how would you build a hospital," Dr. Richardson replied that in his opinion, hospitals should be extended in size and not increased in number. The capacity for each should be about 5,000 patients. Dr. Wolf agrees with him in this, with the exception of not placing any limit on the number of inmates.

It was stated by both superintendents that about forty-five per cent. of the patients worked.

The Commission then visited the women's department with Dr. Wolf. They entered the violent wards and found the same conditions existing as in the men's—imbecile children mixed with the other patients. It was here that it was noticed the lack of facilities for the attendants and nurses while off duty, as no provision has been made to have them sleep elsewhere, and by the overcrowded condition they are compelled to sleep in the wards while off duty, thus occupying space that could be used by the patients.

According to Dr. Wolf, this institution while possibly one of the best managed in the State, does not seem to be on a par with institutions in the state of New York, where many facilities to alleviate and cure disease are at hand. At this institution an operating room and other suitable appliances for treatment are lacking.

The female infirmary wards were visited. Here acute and all classes of cases are treated. The men's department contains a similar ward with the same conditions.

The Commission next visited the stables and farm buildings, and

then a separate building for the consumptive patients. This is a small structure, used for men, and is separated from the main building, and was built and completed at a cost of \$5,000. It will accommodate fifty beds. It was stated by Dr. Wolf that the decrease in the death rate for consumption since the establishment of this building is about 50 per cent.

The same condition prevails on the women's side, with the exception of not having a new building erected for the purpose, but having in use an old building which has been thoroughly cleaned and remodeled for the purpose.

The water supply is plenty and of excellent quality.



LEGISLATIVE COMMISSION TO INQUIRE INTO THE CONDI-
TION OF PENNSYLVANIA INSANE.

Inspection of State Asylum for the Chronic
Insane at Wernersville, Pa.

JULY 26th, 1902.

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INSPECTION OF STATE ASYLUM FOR THE CHRONIC INSANE AT WERNERSVILLE, PA., JULY 26, 1902.

The Commission arrived at South Mountain station, near Wernersville, Pa., on Saturday, July 26, 1902, at 10.32 A. M., via the Lebanon Valley Railroad and were met at the station by Dr. S. S. Hill, superintendent of the institution; Messrs. Jacob M. Shenk, Joseph L. Lemberger and Thomas C. Zimmerman, members of the board of trustees. The Commission was taken by carriages to the main building and shown the offices, rooms, &c., after which they met in the trustees' room and the testimony of Dr. S. S. Hill was heard. In the afternoon a general inspection of the grounds and buildings were made, which included a visit to the reservoirs which supply the institution with water, the largest being ten feet deep and having a capacity of fifty-five thousand gallons. The water is supplied by means of the gravity system and has a fall of 125 feet from the bottom of the basin to the buildings, it being pure mountain spring water. Other small catch basins were examined in the vicinity, the largest having a depth of ten feet. It was stated that the pressure was sufficient to throw the water over the second story, the buildings all being two stories in height. It was stated that the institution did not own the land to the top of the mountain, a fact which was sometimes found inconvenient for the reason that they became trespassers if they attempted to keep the stream clean beyond their own lines unless otherwise permitted by the adjacent owners. It is the desire of the institution to become the owners of about two hundred acres of mountain land, which can be purchased for about five thousand dollars, and thus enable them to keep the streams clean by the removal of leaves, brush and other obstructions which stagnates the water. In the vicinity of the basins, or reservoirs, it was observed that a great deal of labor had been performed, by the inmates, in the building of stone walls and rip-rapping the bottoms of streams with stone, the object being to preserve the banks in their original state as much as possible. In the trip to the reservoir many inmates were seen at work in making a new road a short distance from the old one along the hillside in order to get away from the bottom lands and thus avoid frequent repairs after freshets. They were also seen at other various kinds of employment as the Commission were taken from place to place.

With regard to the hours of work, the inmates rise at 5 o'clock, the men workmen being divided into squads of fifteen, and some being sent out at 7 o'clock and others at 9 o'clock, the latter remaining in the buildings to do work in and about the premises. They remain out until 11 o'clock. In the afternoon they begin work at 1 o'clock and quit at 5 o'clock. After returning from their work they go to the wash room, wash and take off their shoes and working clothes. It was also stated that the men were not forced to work but most of them preferred it and very little trouble was experienced in that respect. Roads, lawns and other improvements were pointed out as being wholly constructed by the patients. In these roads, lawns, gardens, orchards, berry patches, all summer crops, appeared to be in excellent condition. In the garden and truck patches all kinds of vegetables are raised.

The grounds consist of 550 acres, about 300 of which are under cultivation. The Commission were taken to the barn, piggery, hennery, root building and other buildings. An old mill was pointed out which is being utilized exclusively for the benefit of the institution. There are on the premises, belonging to the institution, 38 head of horses and mules and about 50 cows.

The Commission were shown through the women's sewing room, dormitories, women's day room and men's day room, and were conducted through the dining room while the inmates were at dinner. They also visited Amusement Hall, which has a capacity of seating one thousand persons. A weekly dance is given and this is varied by having band concerts, minstrel shows and exhibitions of stereoptican views. These entertainments appear to be very much enjoyed by the patients.

The Commission also were shown the cold storage and refrigerating plant, electric power plant, bake shop and laundry. Fifteen thousand pieces are run through the laundry every week; in connection with this work steam dryers are utilized as well as electric irons. In the bake shop between 5,500 and 6,000 loaves of bread are baked every week, representing 22 barrels of flour of 280 pounds per barrel; there is consumed about 800 loaves of bread per day; if it is fresh bread it takes about 1,000 loaves. Inmates wait on the table and assist in everything possible. They make straw hats, brushes, mattresses, clothing and underclothing. In the manufacture of brushes they have a surplus and it is disposed to a subcontractor. Their brushes very often pass a better inspection than those made by a regular manufacturing plant.

A hose carriage is kept at each building, located near a fire plug and these are manipulated when necessary by inmates of the institution. Very often a bonfire is built in order to give the patients

an opportunity to practice the use of the hose in connection with a fire.

The greenhouses, which furnish flowers and plants for the adornment of rooms, corridors, dormitories and the lawns, are under the supervision of John W. Elliott, a patient of the institution, assisted by other patients. A hedge fence was seen on both sides of the main walk from the main building to the station. John W. Elliott is from Washington county and a graduate of Washington and Jefferson College; he afterwards attended the Theological Seminary at Princeton and because of over study his reason failed him. A brief sketch of his peculiarities was given by the superintendent as illustrating certain phases of insanity. "He is allowed to take occasional trips. On one of these he visited some of the greenhouses in Norristown and Philadelphia in order to learn the names of some flowers and plants. When he got to Princeton some of the foot ball players were going over to New York and he went along and staid two days and told me about it when he came back. We had some plants presented to us by the Colemans and he did not know the names and whilst at New York he went out to Bronx to look up the technical names of some of these plants. He teaches a class in Sunday school and no one knows his lesson better than he does. He has no hallucination or delusion, just a little bit off. He is very nervous and incoherent at times; for instance sometimes he will engage in a conversation and break off in the midst of the conversation and move off. He is moody at times, one day he is very pleasant and the next day may be very moody. He would not be safe to let out entirely alone; we have to watch him and see that he keeps his clothes on. He was first committed to Dixmont and I believe he was violent then, but now he is happy and contented at his work. If he was permanently outside he might become troublesome. We have a number of patients here who get along very well but if they were outside they would become very troublesome because here they are kept at work as much as possible and they feel that they have the surveillance of the institution over them."

"We have," said the superintendent, "a colored man here by the name of John Craig, who was a very good workman and did good work in connection with farming, until one of his friends came here and told him that he did not need to work. Since that time it has been very difficult to get him to do anything. He receives a pension of \$75 each quarter and has a deposit in the Lancaster Bank of about \$15,000.

"We have an outside watchman and inside watchman and regulate their movements by a clock in one of the corridors. We have a woman in the women's ward and a man in the men's ward and

they go on duty at 8 or 8.30 o'clock in the evening and we have stations that they wind up, at stated times. We make use of a magnet to go for this purpose and have a sheet which is punctured and we see in the morning whether they have been through the wards at the time they should have been and in that way we keep constant surveillance over the patients. In some parts of our building we send watchmen through the wards every hour (and in some parts every half hour). When we find it would be a disturbance to the patients we do not have them go through so often. We have a system by which they, the watchmen, must ring up at stated intervals."

Mr. Snyder. There is no concerted action among the patients?

Dr. Hill. No, sir; if that were true we could not send them out in squads of fifteen because if one would rebel and the attendant was giving him attention the other fourteen would walk away. Some of them will turn in and assist the attendant in case of any trouble.

The Commission also visited the filtering plant for the disposal of the sewage from the buildings. The filtering plant is located about fifteen hundred feet from the buildings, into which all the sewage is conducted through pipes and by means of filtration every particle of human excrement disappears. The water is pumped to various parts of the farm and water plugs are located at different places through the fields and utilized for the purpose of its distribution as a fertilizer. Dr. Hill explained that it furnished a splendid fertilizer and was the safest and most convenient manner in which to dispose of the sewage. No smell existed in the vicinity of the filtering plant. It was stated that the Waring system had been adopted originally by the institution but it was found not to work satisfactorily and its use was abandoned.

The lime kilns and quarries were visited and their utility was fully explained, in the operation of the farm, in connection with the labor of the patients.

A formal meeting of the Commission was held, at which the following testimony was taken:

Dr. S. S. Hill called and examined by Mr. Snyder, Chairman.

Q. Have you anything to suggest for the improvement of the laws in institutions for the treatment of the insane?

A. I do not know that I could volunteer any suggestion.

Q. What is the cost of maintenance of patients in this institution?

A. It runs about \$2.96 per week per capita.

Q. What percentage of cures do you have?

A. Well, we cannot say we have any percentage of cures. We have the care of the chronic insane here and we discharge some

sufficiently improved to go home to their friends but even in those cases we cannot say they are permanently cured.

Q. They are only paroled?

A. Yes, sir; they are all cases of long standing, one to twenty years.

Q. You don't receive any cases except those of the chronic insane?

A. That is all.

Q. Please give us an idea of the line between the chronic insane and other forms of insane persons; in other words, what goes to make up your diagnosis of a chronic insane person?

A. I believe to start out with that I will say that the act of Assembly incorporating this institution provides that we shall not receive cases here which have not existed for less than a year. Of course that is an arbitrary ruling; we cannot say that a man or woman is in a chronic condition in a year and the distinction must be made differently in different cases. But I should say that when we find that the delusions have become fixed, in cases of insanity, and cannot be removed from the mind of the insane person we call that case chronic. We cannot make a definite time, Senator, we cannot make any arbitrary rule.

Q. Some persons might be insane for five years and still hope for their recovery?

A. Yes, sir; but it is not often the case.

Q. If there is a chance for improvement it usually occurs in a year, or less time?

A. I think so.

Q. But there are cases that cannot recover?

A. Yes, sir.

Q. Do you have any cases in your institution that have permanently recovered?

A. I do not think so.

Q. Do you have any idiots or imbeciles?

A. Yes, sir; we have.

Q. Do you think they ought to be in your institution?

A. Well, I don't think so.

Q. Should they not be in an institution for the feeble-minded?

A. Yes, sir; however, the cases we have are not recoverable cases and perhaps they are as well taken care of here as in other institutions. Our cases of feeble-minded, we have, are congenital cases and not recoverable.

Q. Is their influence over the other patients bad in many respects?

A. Yes, sir; in many respects.

Q. Your judgment is that they should be placed in institutions maintained for feeble-minded persons?

A. Yes, sir.

Dr. Lemberger. I think, under the law establishing this institution, it was not intended that that class of patients should be kept here.

Dr. Hill. Another class are the epileptic patients.

Q. How many of those have you here?

A. Half a dozen.

Q. Should they be here?

A. No, sir; they should not be among the insane.

Q. Should they not be in an institution where only epileptic cases are maintained?

A. Yes, sir; I am of the opinion that the epileptic should be in an institution for epileptics.

Q. Have you any criminal insane here?

A. We have none here with the history of having committed any criminal act.

Q. Where do you draw the line on the criminal cases, the same as a person who has committed a crime and been convicted?

A. Yes, sir.

Q. That is the legal meaning of the criminal insane but are there not persons who have attempted to commit crime and been held up and would have been as much a criminal had he not been prevented from the commission of it?

A. Yes, they possessed the criminal intent.

Q. For instance, in Warren, there is a man who dug a grave in the cellar to bury his wife, and was waiting at the door with an axe for his wife to come home, intending to kill her, but some one discovered him in time to prevent it?

A. We have a case now that agrees with your description; he did not succeed in committing the crime but had the intent to do so. We have that man with us.

Q. That was the history of this case at Warren?

A. Yes, sir.

Q. Do you think those persons ought to be placed in an asylum or institution specially provided for the criminal insane?

A. Yes, sir; I do.

Q. Where there is bona fide evidence that they would have committed crime if they had had a little more opportunity than that presented?

A. Yes, sir.

Q. Doctor, what per cent. of your cases are attributable to syphilis?

A. I cannot give you that per cent., but very small, and I cannot give it because we get a very meagre history of the cases. We get

our cases sometimes from other institutions and many of the families of the patients do not visit their relatives here, in fact but a small percentage.

Q. How about alcoholism?

A. There is a pretty large percentage that is attributable to alcoholism, that is, it figures in it.

Q. An acute nervous disease, I suppose that helps in the early stages?

A. Yes, sir; heredity is a permanent factor.

Q. Is that the most permanent factor?

A. I think it is.

Q. Have you ever made a study of the system of contracting or boarding patients out, similar to the system practiced in Belgium?

A. In a very small way, in giving a man control of a man who has no friends and who would take care of him and accept the responsibility of caring for him. We have sent one or two patients out to neighboring farmers to give them control of the patient and see whether he could get along in the outside world. We have attempted that in a few cases with fairly good results.

Q. What is your opinion of separate county institutions, such as Chester county and the like?

A. I am not in favor of caring for the insane in county institutions.

Q. Do you think they can have as good care as where there is a larger institution, so far as amusement, restriction and such things are concerned?

A. I don't think they will do as well for them as they do in State institutions.

Q. Suppose three or four counties went together by mutual agreement and erected a hospital, would that be of any advantage, where they could have four or five hundred patients?

A. I should think so, yes, sir.

Q. Now, doctor, of course your institution is somewhat different from the rest, yet do you classify here, do you have the different grades of insanity in separate wards?

A. No, sir; we don't classify in that way; we have dormitories.

Q. You have all in one class?

A. Very largely, yes, sir. We classify them as well as we can but we cannot do it successfully.

Q. You cannot do it like a general insane hospital, such as Norristown, or Warren, and places of like character?

A. No, sir.

Q. In regard to the question of food, can you make any suggestion, over your present regulations here, so far as the supplies and quality of food is concerned?

A. No, sir.

Q. How do you get your supplies for the use of the hospital?

A. By contract; we buy every quarter. We send out blank specifications to various people the month before the time for bidding. For instance, we will send out about the first of September the blanks for the contract to be made for supplies for the quarter beginning October 1st, and we do it in that way throughout the year.

Q. What method have you adopted for obtaining employes?

A. We have an application blank with specifications in reference to the requirements and when a man applies here this printed blank is sent to him with the request that he presents it in person so a personal interview may be had with him and his name is put on the waiting list and we require him to give references and make out the application in his own handwriting, and we ask various questions.

Q. What is the average proportion numerically of your attendants to the number of your inmates?

A. Do you make a distinction between the attendants and employes?

Q. Take the nurses.

A. About one to eight.

Q. That is, their attendants day and night?

A. That is, taking the employes, but if you take the people who are in care of the patients we have one to fifteen.

Q. That is what I want to get at.

A. That is it, one to fifteen.

Q. Your percentage would not necessarily be as large as where they have acute cases, there they have one to ten generally?

A. No, sir; not necessary to be as large.

Q. What are the requirements of admission, under the existing law, for a patient in your institution, where do you draw your supply from and what rules do you have governing the admission of them?

A. Our capacity is eight hundred; when that number is reduced by death or transfer I report that matter to our board of trustees and they authorize me to make a request to the Committee on Lunacy of the Board of Public Charities for the number of patients to make up that number and they are selected from the various State institutions or county institutions and authority is given us to get a number of patients from certain institutions and transfer is made to this institution.

Q. You don't have anything to do with the selection of the patients that are brought here?

A. No, sir.

Q. You have to take those who are sent to you?

A. Yes, sir.

Q. What is the source of water supply for drinking purposes?

A. The source is from a stream which runs through our own grounds; it is practically spring water; it is a small mountain stream drawn off the mountains back of us. The headwaters are about a mile or two miles from the buildings. We have excellent water for our use. We have a filtering plant but it is more for the purpose of clarifying the water than for filtering as it gets muddy sometimes in storms and the filtration is for the purpose of clarifying it.

Q. What sewage system have you here in use for your institution?

A. We have a sewage system; at the present time we are running our sewage from the buildings to a well which is about fifteen hundred feet from the buildings, and we pump it out from there over the farm and are using it for fertilizing the soil. We formerly had the Waring system and it did not work satisfactorily. As I have stated, the well is about fifteen hundred feet from the building; it is eighteen feet deep and has a capacity of about sixty thousand gallons. We pump all day and half the night.

Q. How are your buildings heated?

A. Heated by indirect steam.

Q. And the ventilation, I presume, is the most modern?

A. We have a modern system of ventilation; we have the fans in the basement by which we force the fresh air up and have two motors for suction.

Q. Is there any systematic method of inquiring into the state of health of your patients at any stated time?

A. Yes, sir; we have visits daily by the physicians.

Q. You have your own physicians here all the time and they are constantly at the call of the attendants?

A. Yes, sir.

Q. And they make daily visits through the wards?

A. Yes, sir; and every part of the house, and make sanitary inspection of the house also.

Q. Are there any women on the board of managers of your institution?

A. No, sir.

Q. Do you believe that, if the practice was adopted as is the case at the Utica Hospital, in the state of New York, and other hospitals in the state of New York, it would be a benefit?

A. I could not see any benefit in placing women on the board of managers.

Q. How many visits do the board of managers make to your institution?

A. That would be pretty hard to say; some of them are here every week. We have a regular monthly meeting.

Dr. Lemberger. Our record book will show that the visiting committee is called on every month to make a report and invariably they come to report. Col. Zimmerman happens to be on this committee and among us there are several meetings between the monthly meetings. I took occasion this morning to drive around and look at some of the work.

Q. Some of the board of managers make several visits a month?

A. Yes, sir; every two weeks and sometimes every week.

Dr. Lemberger. We drop in unawares to those in charge here.

Q. And once a month you come together regularly?

A. (Dr. Hill.) Yes, sir.

Q. Have you women nurses and attendants?

A. Yes, sir.

Q. Do they bear about the same proportion, numerically, to the male nurses?

A. Yes, sir; we have two hundred women patients and six hundred men patients, but the proportion of attendants to patients is about the same on each side of the house.

Q. In the women department you have women nurses exclusively?

A. Yes, sir.

Q. Have you women physicians?

A. Yes, sir.

Q. In the women department?

A. Yes, sir.

Q. What would you think of the system of furnishing supplies for institutions of this kind if they were furnished from some central place, the same as the prisons of the State and as New York has in use in its institutions, would it be a saving to the taxpayers and at the same time would you get as good supplies as under the present system?

A. I am inclined to believe, of course I know nothing about the other system, only ours, but I am inclined to believe that ours is the better one.

Q. You are able to obtain produce here cheaper than if it was supplied by a State board?

A. Yes, sir.

Q. Their experience in New York state has been that the material can be supplied cheaper locally than it can be through a central board?

Mr. Shenk (a trustee). Doing the way the people do here I don't see how they can get it cheaper, and if it is not proper it is sent back.

Dr. Hill. Every one files a bond of one thousand dollars.

Dr. Lemberger. Take, for instance, our supply of beef. We furnish our own beef and slaughter cattle as we need them. We believe from our making tests that we get a better quality of beef; we cannot always do it but we find it to be an advantage to the institution.

Q. (Mr. Heidelbaugh.) You kill your own cattle?

A. No, sir; not altogether, but we fatten from fifty to sixty cattle in a winter and believe we could fatten more if we had more room and to that extent we use our own.

Q. You kill all you fatten?

A. Yes, sir; and we let some of our cows get fat and kill them.

Q. (Mr. Snyder.) What is your contract price for beef now?

A. We made a contract on July 1st and that amounted to \$9.47; the bid was \$9.47.

Q. A year ago how was it?

A. It was \$7.50, or something like that.

Q. One institution, I think, made a contract for \$9 and one for \$10 for this year. Is it Chicago beef?

A. Yes, sir; we make our contracts every three months.

Q. Do you have any system of examination of the beef, I mean a microscopical examination, before it is used?

A. We have not done that, but we do examine it closely. We have a regular butcher employed and he is a very good man and he looks to it.

Q. Have you a pathologist in the institution?

A. Yes, sir; and he attends to this work. Heretofore we have not done so because the beef has been good.

Q. I do not know whether that theory, that tuberculosis cannot be communicated from milk, will hold good, for I see it is disputed?

A. Yes, sir; I see it is disputed.

Q. How are your buildings lighted, by electricity?

A. Yes, sir.

Q. How many hours are your attendants on duty?

A. They go on duty at 5 o'clock in the morning, that is, everybody gets up at 5 o'clock in the morning, patients and attendants, and we let a certain number off at an earlier hour but at half past eight at night the lights are out and everybody is off duty and the night nurses are on duty from 8 o'clock until 5 o'clock in the morning.

Q. Have you separate buildings for the nurses to sleep in?

A. No, sir; they sleep in the halls between the dormitories. Each attendant has a single room limited to themselves, which opens into a hall and this hall connects the dormitories.

Q. Is there entire freedom from noises?

A. They could be disturbed if there was any noise made in the dormitories.

Q. Of course you don't have that noisy, unruly class of patients in this institution?

A. No, sir.

Q. Most people think it is an advantage to have a separate building away from the institution where the nurses can go to rest?

A. Yes, where they have the violent insane I think it is the best plan.

Q. You have six hundred male patients and two hundred female patients, at this time, in this institution?

A. Yes, sir.

Q. How does it come that the number of male patients is so much greater than the female, is it because of the greater proportion of such people come from among the men than the women?

A. No, sir; but because employment could be found more for the women than the men.

Q. What percentage of male patients work in connection with this institution?

A. We are sending out 450 of the 600 to work.

Q. And what proportion of the females?

A. Well, about 150 to 175 of the women are doing some work. Of course some of the women, when we say they work, that means they sit down and sew on buttons; we count it as work but it is not a great deal of work.

Q. At Wards Island they told us that 80 per cent. of the women worked there but some of them just picked hair.

A. We do that too; we get everybody busy if it is only to some little thing like that and sometimes we give them that employment.

Q. And the men, I think, they only get about 50 per cent. to do anything?

A. We get more than that.

Q. That is the almshouse of New York and they have everything there, the acute and all classes of cases.

Mr. Shenk. When these counties put up an institution they will have all that mixture in their institution?

Mr. Snyder. Yes, sir; they would have to keep all classes in them, very likely.

Mr. Shenk. I don't see how they can do it.

Mr. Snyder. They claim, in Chester county, they do it.

Mr. Shenk. They get one dollar from the State?

Mr. Snyder. They get \$1.50, the same as the other institutions.

Q. Mr. Heidelbaugh.) When you make your requisition for patients do you ask for the number?

A. Yes, sir; if we have room for four men and six women we say to the Board of Public Charities, we would say when we would like to have four men and six women, and authority for the transfer is given.

Q. So that keeps your proportion the same all the time?

A. Yes, sir.

Q. (Mr. Snyder.) How often does the Board of Public Charities visit your institution?

A. Officially twice every year, two members of the Board.

Q. Do they go through all parts of the hospital?

A. Yes, sir.

Q. Mr. Biddle, I suppose, is one of them?

A. Mr. Biddle is always one of the party.

Q. Do you place restrictions upon communication by letter from your patients?

A. Yes, sir; to a certain extent. We allow our patients to send, at least, one letter out a week.

Q. And you look over the letter?

A. Very seldom, unless a patient will simply write a letter that cannot be deciphered and we don't send that out; we allow some patients to write more than one letter, those are sensible.

Q. You place no restrictions on patients who want to send letters to the county judge or district attorney, which is provided for by law?

A. No, sir; they have a right to do that and to the Board of Public Charities.

Q. Is it the duty of the Lunacy Commission and the Board of Public Charities to get here more than once a year?

A. The agent of the Committee on Lunacy comes oftener than that, that is Dr. Wetherill. He does not come at any regular stated time but he drops in any time.

Q. Are there patients who get in your institution, about whom you have doubt as to their insanity?

A. We never had a case here which was not insane.

Q. Have you any suggestions or recommendation to make in regard to the laws governing the admission of inmates; can you make any suggestions with reference to the present law with regard to the admission of patients to this institution?

A. No, sir; I can't make any.

Q. Have you noticed any abuses which have occurred under the existing system of admission?

A. Yes, I must say I have in years gone by. We cannot make the complaint at the present time, but formerly the other institu-

tions sent patients here who never should have been sent here. They sent infirm patients, crippled patients, sick patients, seventy-five years old patients, who needed hospital attention, who needed to be attended to, as well as children and violent patients. The bill called only for able bodied, quiet patients.

Mr. Shenk. Dr. Wetherill claimed that they did not send patients that he had selected to be sent here. They would bring in patients and Dr. Wetherill would examine them and order them to be sent here, and there being a great deal of prejudice against this institution at that time, they would take those patients back and send others who should not have come here and Dr. Wetherell discovered that, but in the last three or four years they have not done that. Dr. Wetherill stated plainly that they had substituted other people for the ones he had selected and that they were not the people he examined and wanted sent. They wanted to make it appear that by sending them here they got so much worse and then they had to be sent back which was on account of the feeling, more or less, that existed three or four years ago, but I don't think there is so much now.

Q. Is the line of demarcation tightly drawn between the male and female inmates as to social life?

A. Yes, sir; we are very careful about that. We never had any difficulty in that regard.

Q. What formula is adopted to obtain the discharge of a patient from here?

A. When we have a patient who has recovered sufficiently, as we think, to go home, an application is made by the friends—I make a report monthly on the physical condition to the Board of Public Charities and they act on that report and they give their consent to his or her discharge. I cannot discharge a patient without their consent.

Q. Would it not be expedient for some uniform system of book-keeping to be adopted, or that each institution has its own system?

A. We think ours is the best. I wish you would look over our books; the trustees have not had any fault to find with the system in use by us. I would say that, perhaps, some common system would be a good thing.

Q. It would expedite matters, no doubt, so far as the accounting officer in the State is concerned?

A. Yes, sir; but I don't think we have any trouble of that kind. We get along very well with the auditor.

Q. Might not a conference of superintendents prescribe a system of uniform blanks administering the affairs of all the hospitals in the State?

A. I should think a conference of that kind would be a benefit to all the superintendents and a benefit to the institutions.

Q. What provision has been made in the case of the outbreaks of any contagious disease?

Q. We have a separate building; we never have been granted a special appropriation for a hospital building but we have restricted a farm house and we have a place there for isolating any contagious diseases.

Q. Have you had any recently?

A. Not recently; we have had at various times. We had one case of scarlet fever several years ago. Three or four years ago we had a number of cases of dysentery. We never had a case of diphtheria or small-pox. We keep a case of anti-toxine here and needles all the time in case there should be anything break out.

Q. At the Williard Hospital, in the state of New York, we found that they had a number of cases of diphtheria and that they are having a great deal of trouble in getting rid of it. They use anti-toxine there. They have used every means possible in order to get rid of it and have gone so far as taking the paper off the walls and painting the walls and in some cases they have taken the flooring up in some of the rooms.

A. I should be afraid of their never getting rid of that trouble at Williards. When it has occurred so many years in succession, it would seem, that they have not succeeded in finding the location of the germ.

Q. Are patients transferred from this institution to other institutions sometimes?

A. Yes, sir.

Q. What is the formula for that?

A. We have to have the consent of the State Board of Charities.

Q. You do just the same as you do for the admission of inmates, just the reverse?

A. Yes, sir; we must get the written authority.

Q. Do you think the application of correct civil service principles for the employment in the various hospitals would be beneficial; in this State you could use them so far as the nurses and attendants were concerned?

A. Yes, sir; I think it should be but I should think if we apply civil service rules we ought to be allowed to pay higher wages. We would have to pay higher wages; we could not get the class of people unless we would pay higher wages.

Q. What is the average payment here?

A. The men attendants begin at \$18 a month and after six months satisfactory service, we don't adhere to this strictly but we say to a man when he comes here, we start you at \$18 a month, and if

you give satisfaction at the end of six months it will be \$20 and after one year \$22 and after two years \$24, but in the meantime we may possibly promote him to \$25.

Q. What do you pay the women attendants?

A. The women begin at \$12 and advance to \$16. In some special cases we have an attendant who takes a number of men and goes out and looks after the cows, he gets paid special wages. We have another man who takes a little group of men patients and looks after the chickens and pigs, and so on through the different departments. Those men are attendants and are responsible for the welfare of those they have in charge.

Q. Do you think that female attendants should be paid the same as male?

A. No, sir; I don't think they should. We can get a very good class of women attendants, bright girls, around through these counties surrounding us.

Q. You always have plenty of applications?

A. We always have a waiting list.

Q. Have you any system of religious observance in your institution?

A. We have non-denominational services conducted every Sunday morning, which consists mostly of singing. We have both Protestant and Catholic ministers come in.

Q. Do you have any system of instruction connected with the institution?

A. We keep up a school of instruction for the nurses in which I give instruction. We have a consulting staff and they come here occasionally. In cases of surgery we call in the consulting surgeon. We have an operating room. We have no prescribed course. We are constantly giving patients instruction in the industrial department.

Q. How young are the youngest patients you have here?

A. Twenty to twenty-three. The large majority are adults.

Q. Have you ever given the subject for the prevention of insanity much thought?

A. I do give it some thought, although of course my work here is sufficient to keep me busy taking care of the family I have. I have given it some study but I do not have much time for anything else than my duties in connection with the patients.

Q. You have no suggestions to make as to anything that would prevent it?

A. I have thought if we could adopt the New York system to good effect, having an institution for the temporary detention of patients and having them examined and taken care of there for a time before being sent to the State institutions for care, that it

might be a good thing. It is a temporary detention in order to determine whether the patient should be sent to the State hospital; it is about thirty days, I think.

Q. Then they are either assigned to a ward, or if they have improved sufficiently they are put into a very mild ward, or if they are more violent they are put into a ward that suits that kind of patients?

A. Yes, sir.

Q. Who has charge of the discharge and employment of attendants here?

A. Under the authority of the board of trustees the superintendent has charge of that.

Q. What would you think of a frequent conference of the superintendents and physicians of the different institutions of the State if they would come together every month or two months?

A. I think it would be an excellent thing if we could have an interchange of ideas in that way.

Q. You do not now meet at all in conference?

A. No, sir; except incidentally. If I have time I sometimes go to another institution. I have visited the other institutions at various times.

Q. But regularly you do not meet the superintendents of the other institutions?

A. No, sir.

Q. The law with reference to the transfer of female patients is strictly adhered to so far as female attendants are concerned?

A. Yes, sir; there is always a woman attendant sent along.

Q. I think you answered with reference to fire escapes in a separate report?

A. Yes, sir; I might say that we have very good fire protection.

Q. Your buildings are the last State buildings of this kind built in the State?

A. Yes, sir; we have only two story buildings, and as I stated we have slate and metal staircases, which are a protection against fire.

Q. As one of the trustees stated there has been a good deal of feeling against the hospital for the care of the chronic insane, not believing it to be a proper thing. I have a letter here, I will not mention who wrote it, but I will ask you to answer the questions after I read it. The letter is as follows: "My experience, supported by that of the best men at home and abroad, assures me that the plan of separate hospital treatment for the curable and incurable insane is a mistake.

"Whatever deprives one, sane or insane, of hope can redound to

nothing short of calamity to that individual. 'Who enter here leave hope behind,' is a sorry inscription for the lintel of any habitation. The hope of recovery is the cherished thought of many of the chronic insane. I recall the parting words of a patient who was transferred from this hospital to Wernersville, 'Good bye, doctor, I shall not see you again. They don't get well where I am going.'

"A hospital for the chronic insane would make, in many instances, a life long separation of husbands and wives, parents and children—the poor man of remote counties can ill afford to visit his insane relations, the distance is too great and the expense often beyond his reach.

"Isolated from recent cases, there is danger of reducing the chronic insane to pauper diet, restrictions and privations.

"The chronic insane are really a help to the acute—with rare exceptions they work willingly together. I have seen many acts of kindness shown by the veteran sufferer to his unfortunate neighbor which paled the best efforts of the attendant, who prided himself upon his efficiency.

"The labor of the chronic insane is profitable to the hospital for recent cases and is more remunerative than it could be were large expenditures made for land, buildings and other indispensables to provide for their separate care.

"Let us give our incurable insane the advantage of the medical care and humane consideration, which we would ask for our own loved ones; then, and not until then, we will have discharged our duty to them."

Now we will take this up separately. In reference to the condition that exists when they come here, that there is no hope for them becoming cured. What has been your experience?

A. That idea is not given to them; we encourage them to hope they will get well in every case.

Q. Do they form that idea themselves, that whenever they are sent here, "My case is incurable, there is no hope for me?"

A. No, sir; they do not. This one case may be true; I don't say that that did not occur.

Q. Is it not the impression, at least, that the cases sent here are incurable cases?

A. That is the impression with many people and it is true, too, many of them really are incurable cases as the men who sent them here say they are. They say, by sending them here, that they are but we do not tell any patient, either he or she, that they will not get well. We give them hope that they will get well.

Q. You do not tell that to patients, that when they come here it is all up with them so far as being cured is concerned?

A. I think if that impression ever arose it was given to them at other institutions.

Q. Do you find them coming here with that impression?

A. No, sir; I say I don't believe so. There are only one or two cases among the patients who have said something like that.

Q. You don't find all your patients coming here with that idea?

A. No, sir; not by any means. Only one or two cases, many of them would think enough, but I ask you to ask the patients yourselves and I assure you that we disabuse their minds, those who have that idea and there are very few with that idea.

Q. You hold out to them that their's is a mild case and there is hope?

A. We say they come here for treatment and we will do the best we can for them. We encourage them and do the utmost we can for them. You will find that our people hope right on, hoping to the end, and we encourage them, although it does not seem right to deceive their friends by saying to some person that his brother or husband will get well. We tell the friends the truth, but we encourage the patient to hope.

Q. A hospital for the chronic insane would make, in many instances, a life long separation of husbands and wives, parents and children—the poor man of remote counties can ill afford to visit his insane relations, the distance is too great and the expense often beyond his reach?

A. That is one objection we have. People from the far western counties, and as the statement is made here, the expense is sometimes too great for the friends to make a visit, but that condition you find in any State institution, you find that same trouble and you find it in this institution because this is the only one of its kind in the State and therefore we have patients from the far western counties, from Washington county.

Q. Every county in the State?

A. Yes, sir; I think every county in the State is represented.

Q. "Isolated from recent cases, there is danger of reducing the chronic insane to pauper diet, restrictions and privations." What do you say about that?

A. That is a wrong statement. I ask the committee, or anybody who comes here to pass judgment upon the fact whether we do not give our people a better diet than they do at any other institution.

Q. I don't think that specially applies to this institution but it says here, there is danger of that condition sometime occurring. That has never been charged against your institution?

A. No, sir; I don't think it can be justly.

Q. There never has been any charge against your institution for any violation of the law, relative to this institution, for the purpose for which it was founded, it is only whether it is the best system; in other words, whether there should be an institution for the chronic insane. "The chronic insane are really a help to acute—with rare exceptions they work willingly together." What have you to say about that?

A. They may be of some assistance but the chronic insane are happier away from the acute insane.

Q. Do they help to take care of the acute insane?

A. Yes, sir; we have them wait on the sick in the hospital and work keeping the rooms clean.

Q. "The labor of the chronic insane is profitable to the hospital for recent cases and is more remunerative than it could be were large expenditures made for land, buildings and other indispensables to provide for their separate care." The class of patients in the institution here are able to perform more work?

A. Yes, sir; and can do it better here than in other institutions because we employ them more systematically.

Q. What do you say are the advantages of having a hospital for the chronic insane?

A. In the first place I think it is an advantage to separate them from the acute insane. As to employment we get better results because we have more systematic employment and there is no doubt in my mind that we are caring for our people at a lower rate per capita than any other institution because we can do it on account of having this class alone.

Q. What do you think of dividing the State into districts; we all realize that there are not enough hospitals to care for the insane, suppose that the State was divided into hospital districts, composed of several counties where they are small, as in the case of judicial districts, say there are ten in the State, I don't know that that would be the number required but take that as a hypothetical question, do you think it would be an advantage?

A. Yes, I think that would be a good idea.

Q. Then that institution to have a separate department for the different classes of insane patients, or would you approve of having a hospital separate for the criminal insane, just one hospital?

A. I think there should be a separate institution for the criminal insane and a separate institution for the epileptics. The epileptics are a class by themselves and the most unfortunate class and difficult to care for and are the most dangerous persons.

Q. Like animals?

A. Yes, sir; in many respects.

Q. Suppose money was no consideration, which, of course, it is not in Pennsylvania, suppose money was no consideration in the care and treatment of the insane, what would you say would be a model way of taking care of those unfortunate people in this State, as to the number in a hospital, I am speaking of all classes, not only the chronic insane but the acute as well—in general, do you think an institution having two thousand is advantageous over one having one thousand?

A. I should say a thousand people would be enough to keep in one institution. A larger number than that makes a very unwieldy family to manage.

Q. Would you have, connected with that institution, a separate ward for epileptics, or a separate institution?

A. A separate institution under separate management.

Q. Would you have a hospital for the criminal insane as a separate institution?

A. Yes, sir; and separate management.

Q. Would you have it under the control of the prison authorities and part of the prison?

A. No, sir.

Q. Would you have that also separate?

A. Yes, sir; because if you did not you would apply some of the prison rules to the criminal insane and we all know that we must treat them differently. You cannot treat them the same as you do criminals. You have to be more strict with them. They have such an institution at Matteawan, in the state of New York, and your commission should visit that institution, as well as the one at Gallipolis, in Ohio, which is a place for the care and maintenance of epileptics. Speaking further of the criminal insane, you must not lose sight of the fact that you are dealing with desperate people; they are insane, no doubt, but they are desperate and they will attempt violence if not watched in such a way as to prevent it.

Q. Would you establish more institutions for the chronic insane in the State of Pennsylvania than the one, or do you think it is sufficient; in other words, would you relieve some of our present hospitals of this class of cases by establishing another institution?

A. Yes, sir; I should be in favor of establishing another institution for the chronic insane for I think it has been a benefit to the other State hospitals. It has relieved them from being crowded and taken away the chronic cases and allowed them more time and a better chance to treat their acute cases.

Q. And you would have separate institutions for the feeble-minded?

A. Yes, sir.

Q. I think the number of feeble-minded persons and epileptics is about ten thousand in the State and that only two thousand are in institutions and eight thousand are at large in families. Those people, many of them, are producing children?

A. That is a very unfortunate state.

Q. What do you think of the law of castration?

A. I should be in favor of it; of course it is an extreme measure, a radical measure. I should be in favor of castrating habitual criminals. It is a radical measure, taking away their power to bring forth their kind, but that appears to be the one radical way to get rid of it. But you would have to bring public sentiment around to it first and then get a legislative enactment.

Q. (By Mr. Anderson.) There was a law passed last winter prohibiting first cousins from marrying; what do you think of that?

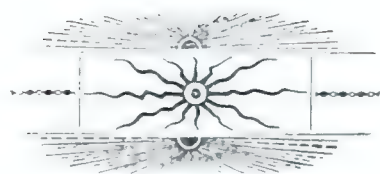
A. I think our marriage laws cannot be too strict; I think that was a good measure.

Dr. Lemberger. I think the general impression is that marriage among blood relatives produces imbecility.

LEGISLATIVE COMMISSION TO INQUIRE INTO THE CONDI-
TION OF PENNSYLVANIA INSANE.

Inspection of the County Hospital for the In-
sane of the Central Poor District at Retreat,
Luzerne County, Pa.

AUGUST 9th, 1902.



INSPECTION OF THE COUNTY HOSPITAL FOR THE INSANE
OF THE CENTRAL POOR DISTRICT AT RETREAT, LUZERNE
COUNTY, PENNSYLVANIA, AUGUST 9, 1902.

The Hospital for the Insane and the Almshouse of the Central Poor District of Luzerne County, Pennsylvania, is located at Retreat, in Newport township, on the line of the Sunbury and Hazleton Railroad, a branch of the Pennsylvania Railroad system, about eleven miles from the city of Wilkes-Barre.

The buildings are located on a high hill overlooking the North Branch of the Susquehanna river. A small station has been erected by the railroad company. The lands belonging to the asylum and almshouse comprise about 140 acres, most of it being farmed for the use of the inmates of the two institutions. The buildings for the insane and those for the poor are located some distance from each other and the accounts of each are kept separately; they are almost as distinct as if only one or the other existed on the grounds. In fact the first almshouse building was erected in 1878, and it was not until twenty years later that steps were taken to erect buildings for the accommodation of the indigent insane.

The Commission arrived at this hospital on Saturday, August 9, 1902, and were met at the station by Dr. Charles B. Mayberry, superintendent, and his assistant, Dr. A. C. Voigt, in company with Mr. D. A. Mackin, steward of the almshouse. These officials were afterwards joined by the board of directors and together a tour of inspection was made.

The Commission was shown the drug store and offices and rooms in the main building and was then conducted to the women's building and inspected the halls, wards and dormitories. It was explained that the bedsteads were made of the best steel and iron, the posts setting on rubber; that the springs were double and guaranteed for ten years; that the mattresses were made of South American horse hair, weighing 23 pounds; that the bed was of the very best make. The Commission passed through the day room, lavatories, dining room and other rooms. The operating and lecture room for nurses was also shown as well as the sewing room. The women make everything except the men's outside clothing. All the underclothing and over-alls are made up by the inmates, a sample of them being shown to the Commission.

The fire escapes were examined and their utility explained to the Commission. The chapel was also visited, it having a seating capacity of about six hundred. Here is also an amusement hall, having three sets of scenery connected with the stage.

The Commission was also shown through the male wards. These are entirely separated from the female wards by the main building. The male dormitories, dining room and other rooms and conveniences were duplicates of those in the women's building. It was noted that as large a day room was used for the convenience of the patients as exists at any of the larger State institutions. About 15 per cent. of the men were unable to work by reason of their physical condition. Many of the inmates had been transferred from other institutions, they being in part the aggregation of years in other institutions.

One of the hose passages was exhibited to the Commission in the basement floor. It was connected with every floor and there was a direct connection with the standpipe, in which the water has a pressure of between eighty and ninety pounds; thus all parts of the various buildings could be reached by means of the system in practice.

The bakery was visited. Sixteen barrels of flour are used per week; one practical baker is employed and he is assisted by the patients in the making of bread for the use of the insane department as well as of the almshouse. The ventilation system was explained by Dr. Mayberry. In the system used the air is heated and forced in from below. By means of two powerful fans ventilation is furnished to all parts of the different buildings and every room is supplied with pure fresh air. The entire structure is heated and ventilated by forced draughts.

The distributing store and stock room were also visited. An ice box was shown in the kitchen. It is cooled by means of brine and no ice is used in the kitchen. A charcoal broiler was also pointed out and it was stated that meat could be broiled at one time for five hundred persons. The laundry was visited, it being located over the kitchen and there being a large air space between the two; modern dryers were in use. The power house plant, the cold storage building an ice plant were also visited. It was stated that there were in cold storage, or about to be placed therein, 225 tubs of butter, 140 crates of eggs and 22,000 pounds of beef. The butter is furnished by the Elgin Creamery Company. A ton and a half of ice could be manufactured by the ice machine every twenty-four hours. During the inspection of these important adjuncts to the successful running of such an institution it was stated that the egg room was ten above zero and the butter room at zero. The refrigerating room was lined with cork from two to two and a half

inches thick. This was the first institution, either State or County, in which the Commission was able to find an ice plant in use, although within sight and but a short distance of the North Branch of the Susquehanna river.

The work of excavating, filling, grading, &c., of the grounds by the labor of the patients and the sewerage, the laying of pipes and similar services are performed by them. A vast amount of labor appears to have been required to have brought the buildings and grounds to their present state of completion.

The Commission witnessed a game of base ball played by patients and attendants and from observation very little difference was noticeable between it and a game played by those who were entirely sane. There was an absence of the wrangling and disputes that very often arises in games of ball among sane people.

After the examination of the premises was completed the Commission, together with the officials and directors, met in the reception room, when the following took place:

Dr. Charles B. Mayberry called and testified as follows:

Examination conducted by Mr. Snyder, chairman.

Q. Do you find this county system to be an advantage in the care and treatment of the insane?

A. It is operating very nicely with us.

Q. When did you first move into this institution for the care and treatment of the insane?

A. We received the first patient on June 1, 1900.

Q. Do you take patients from all over Luzerne county?

A. Yes, and Carbon; we have a population from which to draw patients close to three hundred thousand, that we take care of and treat the insane.

Q. What is your present number of patients in this institution?

A. Four hundred and eleven.

Q. What is the proportion of males to females?

A. Little over fifty more males than females; that proportion runs right along about that ratio in all the institutions. The rule also holds at Danville and Norristown.

Q. Have you any patients in other institutions from this county?

A. The county has quite a number of districts that send to Danville; for instance, Pittston sends to Danville, this being a special district.

Q. You have a special line dividing it off from other portions of the county of Luzerne?

A. There is a district known as the Middle Coal Field district, which includes the southern portion of Luzerne and part of Carbon, which is not in our district. We are known as the Central Poor

District and it includes the city of Wilkes-Barre and also includes six or seven townships and about a dozen boroughs. Then as to the care of the cases in the State Hospitals, I would say, that when we transferred the cases from other districts to this district we left about a half a dozen patients who were physically unable to come here and they are still at Danville; with that exception we have them all here.

Q. Are they violent cases?

A. No, sir; it is on account of their physical condition and inability to be removed. We have no violent cases.

Q. Are you as well able to take care of violent cases here as at other hospitals?

A. Yes, sir; just as able in every respect. We have something like twenty inmates committed by the courts either after trial for criminal offences and acquitted on the ground of insanity, or pronounced insane by a commission after hearing testimony.

Q. Then you have the criminal insane here?

A. Yes, sir; we take everything that comes. However, we have a special predilection for curable cases.

Q. I noticed an article in a newspaper to-day in which Dr. Chapin recommends separate confinement?

A. Yes, sir; that is what has been practically advocated by me for the last ten years. What we want to do is to cure more and I am heartily in favor of such a movement. I wrote an article on that very subject some ten years ago and it was published in the various medical journals but it did not meet with favor at that time and was pronounced by some to be in advance of the times. I think, above all, we should have a separate place for the curables and in that way bring about more cures.

Q. Your idea would not be to have separate hospitals but in every hospital have a separate place for all curable cases?

A. That is one way; but the ideal way is to separate them from the hygienic environments of the large asylums of chronic cases and have them alone in separate buildings, the acute, the epileptic and the criminal insane, and establish a "psychopathic hospital" because it would be more favorable to cures. It is not a good thing to have fastened on the individual the stigma of being in an insane asylum when he goes out and on that account there is a great opposition to being placed in an insane asylum and the cases who are cured dislike very much to have attached to them the fact that they have been in insane asylums. A great drawback to those who are cured is for them to be told by their friends and others that they have been in an insane asylum; therefore I think the establishment of a small place for the curable cases, such as a psycho-

pathic hospital (which has not the asylum associations) would bring about the greatest number of cures and render them more liable to be permanent.

Q. Suppose money was not taken into consideration for the care and treatment of the insane how would you arrange this State for the best care and treatment of the insane?

A. In the first place I would make every institution that could contain five hundred cases a State asylum. In the second place I would arrange practically near the large cities, or as near as possible, about a half a dozen "psychopathic hospitals" with accommodations for not over sixty patients and they would never enter an asylum or a larger place for the insane until pronounced incurable. I would have one each in every center of a large population; six would be sufficient for the whole State. The plan would not be very expensive.

Q. By this plan the patients would not have the stigma placed upon them of having been in an insane asylum?

A. No, sir; because it is not favorable to cure to have them mingle with each other, nor is it a good thing to have this stigma placed upon them. In such a place as a "psychopathic hospital" they would not be considered to have been in an insane asylum. In fact I have had cases come back to us due to nothing else but the fact that they had been in insane asylums previously. New York has always taken the stand that it is a good thing to build an acute ward on the same grounds but separate from the chronic; New York has been trying to do that for some time. Go to Buffalo and in the asylum there you will find two wards for the treatment of the acute, and the only objection is the association of the fifteen hundred others. Each of the large institutions should have constructed a small ward for curable cases wholly detached from the other wards. You saw how it was at Willard for the acute curable cases; that is practically what Pennsylvania might do to-day.

Q. What size hospitals would you erect, suppose we were going to take care of all the insane, suppose we would make an effort to take care of all of them, what size hospital would you suggest, taking into consideration all classes?

A. I could not see any objection to anywhere from one thousand to fifteen hundred if you are going to include the chronic cases; if the acute cases I would not say over six hundred.

Q. Suppose ten or twelve districts were established and you erect enough hospitals, take those already erected and erect enough to care for them properly, would you think of placing more than one thousand patients in them, and that that number would be sufficient to cover the whole State?

A. Eight hundred ought to cover the whole thing.

Q. Suppose there were established ten districts in the State and a hospital built in each of the districts with a capacity of one thousand, do you think that would be sufficient?

A. Yes, sir; I think a thousand would cover it. There are some old demented in almshouses that are hardly counted.

Q. How would you arrange for the chronic insane, would you have them placed in a separate hospital?

A. Yes, sir; but I would remove the acute from the chronic and not the chronic from the acute.

Q. You think this was putting the horse behind the cart?

A. Yes, sir; we did not move the cart but we moved the horse and the relief that was sought to be afforded to other hospitals was no relief at all.

Q. Would you have separate hospitals for the criminal insane?

A. Yes, sir; I think there should be, without getting into too much classification. I think a hospital like Matteawan would be decidedly a good thing.

Q. Suppose you had but one hospital for the criminal insane in the State, do you think that would be sufficient?

A. Yes, sir.

Q. And what do you have to say about the epileptic?

A. You could take about fifty or sixty per cent. of the epileptic out of the asylums and the rest you could not. The epileptic run about one to ten through the State but you could probably take sixty per cent. out and there would be thirty-five to forty per cent. at times that it would not be advisable to take out of the present asylums and place them in epileptic asylums for the reason that they are epileptic insane and that class you could not keep there.

Q. Suppose you were going to revise the laws of this State with respect to insane asylums and you would not take into consideration the cost, but the best care and treatment of these people, give us your idea how this State ought to be arranged in this respect?

A. My idea is, if it is to be done without the consideration of cost at all —

Q. It is not the cost which is a primary object in Pennsylvania, but we want to get laws that will approach giving them, as near as the revenues of the State will allow, the best care and the best treatment for their condition?

A. My idea would be to take all the larger asylums and make them chronic asylums; second, erect psychopathic hospitals as suggested by Dr. Peterson of New York, not to contain more than sixty; in the third place, one only in the State constructed something like the Craig colony in New York, conducted and operated with a

sole view to utilize it so far as can be for epileptics; in the fourth place, separate insane hospitals for the convict insane separate from the insane and separate from the acute and chronic.

Q. What do you think of the system of having a central board, such as they have in New York state?

A. I don't think very much of it.

Q. It does away with the Board of Lunacy and the Board of Charities and practically assumes all their duties?

A. Yes, sir; but with the centralization of power it may result in the breaking down of the good character of good men now and then. When you see a man like Dr. Wise disgraced and set aside it shows how possible it is for men to be tempted and led away from that which is their honest duty. He was one of the most prominent men in his line of work, so regarded among the medical profession, and what did Governor Roosevelt's examination bring out, that he was as corrupt as he could be. I think while humanity is built in the way it is at the present time, that where there is such centralization, there is almost sure to be corruption. If there is anything in the last quarter of a century that surprised the medical profession it was the result of Governor Roosevelt's investigation into the affairs of Dr. Wise. By that investigation it was ascertained that he used his influence for the advancement of his private ends. I thought, at first, that Governor Roosevelt did him a great wrong but Governor Reesevelt sent out a copy of his own report and a copy of the testimony of Dr. Wise and others which clearly warranted what was done.

Q. Have you the same advantages here for the amusement of patients that they have in the larger hospitals?

A. Yes, sir; I think we have everything equal to the State at large.

Q. And in your institution your physicians are right here?

A. Yes, sir; I have one assistant. The proportionate number of physicians here to the number of patients is about 1 to 171 and the proportion in the State is 1 to 172, so you see it is very near the same.

Q. Are you able to separate the chronic from the acute?

A. No, sir; not absolutely, but we can classify as much as is done in the State hospitals. We can meet the conditions as well as they can be met in the State hospitals.

Q. Are you as well able to separate the male and female cases?

A. Yes, sir; here is the line of demarcation (pointing to the administration building).

Q. What per cent. of your patients escape and how is it accomplished?

A. In no way at all, except it be from the unwatchfulness of attendants. We have very few escapes, we have only had three or four escapes.

Q. Do you have an apothecary connected with the institution?

A. Yes, sir.

Q. Your supplies are obtained by competitive bids?

A. Yes, sir; all except the smaller things that we buy on sight.

Q. What percentage of your cases are cured?

A. It is pretty hard to state that without knowing on what basis you wish to take it. Do you mean from the total number under treatment, or admissions, or what?

Q. Suppose your average would be four hundred per year how many are you able to cure?

A. Between seven to eight per cent of the total number under treatment and total number received. This is the first year that our number has not been changed by transfers to or from other places but probably we would run from seven to eight per cent. of those under treatment and admitted.

Q. What is the rate per capita, per week, for the maintenance of your patients?

A. Last year it was \$2.81, not counting any extraordinary expenses; we had some improvements by way of construction that would run us over three dollars.

Q. Do you have a farm?

A. There is a farm here of 140 acres and we send out patients to work on it but it is controlled by the almshouse.

Q. Do they furnish market supplies to this institution?

A. They do and we have a little concession on account of our patients working over what we would otherwise have to pay, but it is very slight.

Q. If you had to buy everything that cost would be increased possibly ten cents per capita?

A. No, sir.

Q. It does not make that much difference?

A. No, sir; the difference in our per capita is not the difference in the cost of the supplies, is not in provisions, is not in clothing. If you compare our averages with New York and Pennsylvania you will find on all the necessities we run about the same—our difference is that we have not a large number of old employes growing up among us and receiving large salaries.

Q. How many nurses have you?

A. We average one to ten.

Q. About the same number as other institutions?

A. Yes, sir.

Q. Are they trained and educated for their work?

A. We are training them. Our first training school graduated this year. We are young yet.

Q. Have you the same number of male attendants as female attendants?

A. The same proportion.

Q. You have about one to ten male attendants and one to ten female attendants?

A. Yes, sir.

Q. You are able to keep the noisy patients from disturbing the more quiet patients?

A. To a great extent.

Q. You have your night watchmen, or do your nurses attend to that?

A. We have five on night duty, two on the women's side and three on the men's side and we expect to increase it to six on account of several cases of homicidal tendency.

Q. Who has access to the women's wards?

A. Nobody but the physician and the female attendants.

Q. You determine which of your cases are cured?

A. Yes, sir.

Q. And you report it in the same way as other institutions, to the Board on Lunacy?

A. Yes, sir; our rules are exactly the same.

Q. And the discharge and admission of patients are all the same as at other institutions?

A. Yes, sir.

Q. Have you small children here?

A. Yes, sir; three boys under eleven years of age and two small girls. The reason the boys are here is because the Middle Coal Field districts could not take care of them and the Central District was asked to keep them.

Q. Can you trace the cause of insanity in them?

A. It was congenital in all and always is. Had it been possible I would have made a special effort in their behalf in order to have developed them but they are idiots.

Q. What number of patients work?

A. About 50 per cent. of male and female, it will average 50 per cent. on the whole. Since the institution has been in operation there has not been one dollar paid for labor other than skilled labor; they have done a great deal of work in beautifying the grounds and the laying of sewer and other pipes, grading walks and all that kind of work.

Mr. Snyder. Is there any member who wishes to ask any questions?

Q. (Mr. Anderson.) Are there any separate places for the nurses to occupy when they are off duty?

A. The nurses are taken out of the wards wholly, except those on duty. On the third floor, at the extreme end of the building, we have a ward that is given entirely to the women and one at the other end to the men and we find it to be an excellent thing. This comes as near as we can make it to a home without a separate building.

Mr. Snyder. If there are any directors present, who desire to say anything, we will be glad to hear from them.

G. H. Butler, Esq. (a Director.) There is no question in my mind but what our laws, relating to the criminal insane, are not complete and since we have built this institution I am impressed in that way more and more every day as I visit this institution. In fact every time I come here it strikes me there is something lacking. The province of the jury trial in the case of a criminal on the charge of a crime, the high crime of murder for instance, and the finding of a jury that the prisoner, there is no question about the killing, is pronounced insane and the commitment of that prisoner to an insane institution and placing him in a ward with the innocent insane and the co-mingling of the prisoner in that ward according to his class with the other insane, who have never committed crime, be he a public patient or a private patient, it seems to me, there is something lacking in the laws of this Commonwealth as they stand to-day. There is no punishment practically in it. In quite a number of instances the jury are swayed by sympathy and what not and the man, as I have seen them through here, I am not a physician but am a lawyer and as I walk through the wards of this institution I find that they enjoy the ordinary comforts of this life, and all that sort of thing, and they go back and forth and co-mingle with their fellow beings and it seems to me a pretty hard thing that they have to move among murderers and criminals. I do not know whether my sympathy carries me away from a proper feeling in this respect but when I walk through the wards and see an individual who has taken the life of a fellow being and they are capable of enjoying all the institution affords and the commitment is to the asylum and whatever the asylum affords they get, it seems to me to be wrong that such a state of affairs should be permitted to exist.

Mr. Snyder. The doctor is not only his physician but also his jailer?

Mr. Butler. Yes, sir; and you cannot make fish of one and flesh of another.

Mr. Snyder. Do you think there should be an institution in this

State for the care and maintenance of the criminal insane alone, separate and distinct from the care of other insane patients?

Mr. Butler. I do most emphatically, whether it should be one institution or more I am not prepared to say. There is no doubt about it if there is any one who thinks about it, there is no question about it. There should be separation and we need only cite our own case here because we are running as good an institution at this place as you will see in a good many days travel and we have a number of the criminal insane among our patients.

Mr. Heidelbaugh. Do you think these individuals who have committed murder are any more crazy than others?

Mr. Butler. I am a lawyer and I say that when the defence of insanity is set up the very first thing they will do will be to trace family history and they will contend that this man was excitable and was queer and they will not prove anything more than what occurred in the last five years and in order to free him from the penalty of the law his counsel will do their utmost to have him declared insane and he is sent to these institutions to mingle among those who have never committed crime.

Mr. Snyder. What do you say of a case like this: Where a man had got ready to murder another person, had the grave dug and was in the possession of an axe with which to do the killing and was lying in wait but some one accidentally come along before his wife came home. "It was his wife he intended to murder," but some one came along and found this man there and found that he was lying in wait for his wife and he was thus prevented from murdering her. "That case was cited at Warren, he had the grave dug in the cellar and he was sent to an insane asylum." What would you do with a man of that kind?

Mr. Butler. That man has not gone through the threshing machine of the law. Most insane people have suicidal intentions or other intentions and they get into a hospital of this kind and they are watched.

Mr. Snyder. For the good of the community and good of the patients don't you think that a man of that kind is just about as guilty, not in law but in a moral sense, as those who have really committed the act, so far as association with the other patients is concerned?

Mr. Butler. Certainly he is.

Mr. Snyder. Legally he is not as guilty and he is not because he has been prevented from putting his intention into execution.

Dr. Mayberry. Of course there is a distinction between the criminal insane and the insane convict, the hardened case and the degenerate, and the other case of mania, is it right to class those two

in the same category, not at all. If you keep them out they will all become criminals.

Mr. Butler. We have in this institution here some murderers who have been sent here because they have been found insane by a jury and sent here. They are classified in their wards according to their conduct. As I have stated you cannot make fish of this man and flesh of that man; we have no choice over the matter. Now this is the point I want to get at, that we believe we cure people here, we believe we are restoring them and I don't believe in that process of restoring people which compels them to rub up against murderers and touch hands with them day after day. I don't believe they should go out from an institution of this kind, restored to their reason, and have had to associate and come in contact daily in the wards and corridors with those who have committed crime or with the man who was a little off and grew to manhood and after awhile a man crosses his path and he kills him.

A Director. A good many of these people are not insane but make themselves out to be insane through the zeal of their lawyers who desire to have them cleared of the penalty that is attached to their crime.

Mr. Snyder. Have you ever looked up the statistics as to their number?

Dr. Mayberry. There would be from 200 to 250 of the two classes together.

Mr. Snyder. How many have they at Matteawan?

Dr. Mayberry. Six or seven hundred; they include the two classes.

Mr. Butler. We have a man here by the name of John O'Day who went out on the platform of the Lehigh station and killed a man and woman and he is no different than he was twenty years ago, and if I was in there, or your brother was in there, he would be associated and classified right by his side and I claim that it is not right but that there should be a separate place for criminals.

Dr. Mayberry. I was called by the district attorney in that case and after making a careful examination I had to declare that he was insane.

Mr. Butler. I am not criticizing the position of the doctor for no doubt he did what he felt it to be his duty to do; I only desire to call attention to the circumstances that exist in our present system.

Mr. Anderson. Your objection is to placing them together?

Mr. Butler. Yes, sir; there should be a line of demarcation and they should be treated separately and treated humanely, of course, but not in association with people who never had an unkind thought towards anybody. I say that they should be put in a separate building; put them here, if you please, but put them in a separate

building. In fact, I do not see that there is an argument on the other side. After a man has gone through the hands of a jury and been acquitted on the ground of insanity, or has been before a judge and a commission of lunacy, the man having committed a crime, we can fix the degree of crime and it seems to me there ought to be a law where he would be taken care of among a class of that kind.

Mr. Snyder. That man O'Day was perhaps like the old doctor who was called as a witness in the Guiteau trial. He was asked whether he (Guiteau) was deranged and he said: "No," he never thought he was deranged but that he was very badly arranged.

Dr. Mayberry. He would be classed now as a paranoia and so would Prendergast be known as such among alienists.

Mr. Snyder. In order to have a man discharged, for instance if John O'Day asked to be discharged, he would have to go to the Lunacy Board would he not?

Dr. Mayberry. No, sir; he would have to go to the court and then have to be returned to the jail.

Mr. Snyder. I think it is pretty generally admitted that there should be a hospital of some kind for the criminal insane.

Mr. Butler. That is the only thing I can see, under the system we are working, that we lack and we lack it because we are a hospital for the treatment and cure of the insane and we send out every day or so a man cured and I do abhor the fact, I don't care who it is, that he should have to associate three weeks, three months or six months in a ward with a man who has taken a life or committed crime. I may be sentimental on this subject but I am deeply interested in that which I have stated.

Mr. Snyder. I don't think you are; I think you are about right. You take a man who has sensitive nervous system, and possibly has a history of some of his family being a little melancholy at times; he has been nicely and carefully raised and sometime he becomes a little insane and he has to go in an asylum and associate with the worst criminal in a county and it certainly does not seem to be the proper thing to place him among the criminal class.

Mr. Butler. We have a man here now from our town, as nice and fine a gentleman as any one in this room and he is in the ward with this insane murderer, his wife is here to-day with him and he is required to live here six months, or maybe longer, with such a man as a criminal and I venture to say that he does not like it, nor does his friends.

A Director. You place a patient of that character among them and they do not know whether they are going to kill any one or not and in some cases it may be a very dangerous thing to do.

Mr. Heidelbaugh. In regard to building this institution, when you built it did you find your taxpayers complain much about the taxes?

Mr. Butler. There are about twenty municipalities in this district, consisting of the city of Wilkes-Barre and some towns and townships and the population is about 145,000 in the district. The insane of those municipalities are taken in for care and maintenance at this institution. With reference to the taxpayers, we were going on and doing all our work limited to 10 mills. Without the consent of the people we raised it half a mill and we are swimming along nicely on that half mill additional and the doctor here, after awhile, will be able to lower it. I think we have the summit of the millage. The real value of this district is five times the assessed value. You will understand that there is a great deal of mineral and coal lands in the district and the large corporations pay a large percentage of these taxes, for instances such corporations as the Delaware and Lackawanna, Lehigh Valley, Susquehanna Coal Company and a number of others and the men representing these companies are watching and scrutinizing everything that is being done and have a taxpayers' association; they pay seventy-five per cent. of all this and they watch and scrutinize everything and have a system of audit and never have we had a voice raised about extravagance; there has never been any criticism of our method or management. There is one thing about our district which may be peculiar and I wish to state it, that we have a man on the board appointed by the court in 1863, and is on the board yet; he will complete a service on this board of forty years in January next; he is the president of the First National Bank in Wilkes-Barre, a director in the Lehigh Valley Railroad Company and largely interested in almost all important business in the valley—he is not here to-day. The term of our office is five years. The court has never turned him down and will not let him go as long as he is willing to serve. Every year he wants to go off the board but they keep him and do not wish to let him retire. I never heard of a man who criticised the tax levy of the poor district. The assessed valuation placed on an ordinary man, who used to be denominated a yeoman and now denominated a laborer, miner or mechanic, is thirty dollars, and fifteen cents pays his poor tax on our levy and the masses of the people who are supposed to be least able to pay therefore contribute the sum of fifteen cents a year and it amounts to about twelve cents when we get it.

A Director. We also give out a big lot of outside relief. I would like very much to see the Legislature tackle that question of separate confinement for the criminal insane. I think the State of Pennsylvania should tackle that question and do something.

Dr. Mayberry. The aspect of the case that I have been most interested in is the care and cure of the curable insane,

Mr. Butler. Just one more thought I would like to advance: The central poor district of Luzerne County was created in 1860, and started out with the Wilkesbarre township and it is so arranged that any township that wants to become a member of this district, on the consent of the township, they may become annexed and they are grouped around in a number of townships and grouped into a number of boroughs. They represent all the boroughs on each side and townships up to Pittston and then comes in the Pittston district and there comes in a number of townships. Under our system and the laws which created the district the directors are appointed by the judge of the quarter sessions for five years and in that way our board is created representing every section of the district. We will oppose any attempt to change those laws and put the control of this institution into the hands of the county commissioners. If we had more time we would like to go into details more fully in order to show why we have a large benefit and a greater advantage over anything else that possibly could be given us. One of the peculiar features of the whole thing is this, that if we to-day stood here as elected, or if we were under the control of the county commissioners, among this foreign population in Luzerne county, the taxpayers would be mulcted in the expenditure of a much larger amount for the support of this institution and I could not say where it would stop. For instance, take the strike that exists to-day, if the opportunity were given under different conditions there would be many who would dribble at this crib until it would be ruined. There are a class of people who would go to work and work for a time and then go on a strike and the taxpayers would pay the bill and therefore I say we do not want to be disturbed.

Mr. Snyder. I do not contemplate that there would be any law passed to disturb these districts that are already established. There might be some law passed in which some of your patients would be taken away; for instance, the criminal insane, the epileptics and that class.

Mr. Butler. There is only one proposition: First, the method of putting the officers in power through the court, through the judges; second, the power of taxation; they are limited to ten mills but we are going half a mill above that.

Mr. Heidelbaugh. You don't want your special law repealed?

Mr. Butler. No, sir; we do not. We are all unanimous on that here, taxpayers and everybody. We have no politics in it here at all.

A Director. That is what we will get if it is put into the hands of the county commissioners and so long as it is kept out of their hands politics will not be mixed in it.

Mr. Heidelbaugh. Can you order a building here without the consent of the county commissioners?

Mr. Butler. Yes, sir; they have no control over us at all; we are an independent corporation made up from the city of Wilkes-Barre and a number of towns and townships, made up and bundled together and through that different localities have representation on the board of directors; the city of Wilkes-Barre gets two representatives, Plymouth, Newport and Hanover, Kingston, and the like all get representation.

Mr. Snyder. When you make your requisition you make it on the county treasurer?

Mr. Butler. No, sir; we sit down here and levy our own millage. If we want to make it five and a half per cent. we make it so.

Mr. Snyder. You are a law unto yourself?

Mr. Butler. Yes, sir.

Mr. Snyder. The court appoints the directors and you make your own by-laws?

Mr. Butler. Yes, sir.

Mr. Snyder. And you levy your own tax rate?

Mr. Butler. Yes, sir; we appoint our tax collectors and settle with them. The auditors of those boroughs, townships and the city of Wilkes-Barre come in and sit around our table and the accounts are gone over and we find that this system has worked very satisfactorily among us.

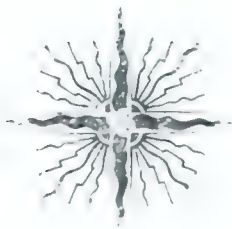
Mr. Snyder. You are your own boss of your district just the same as the county commissioners are of a county?

Mr. Butler. Yes, sir.

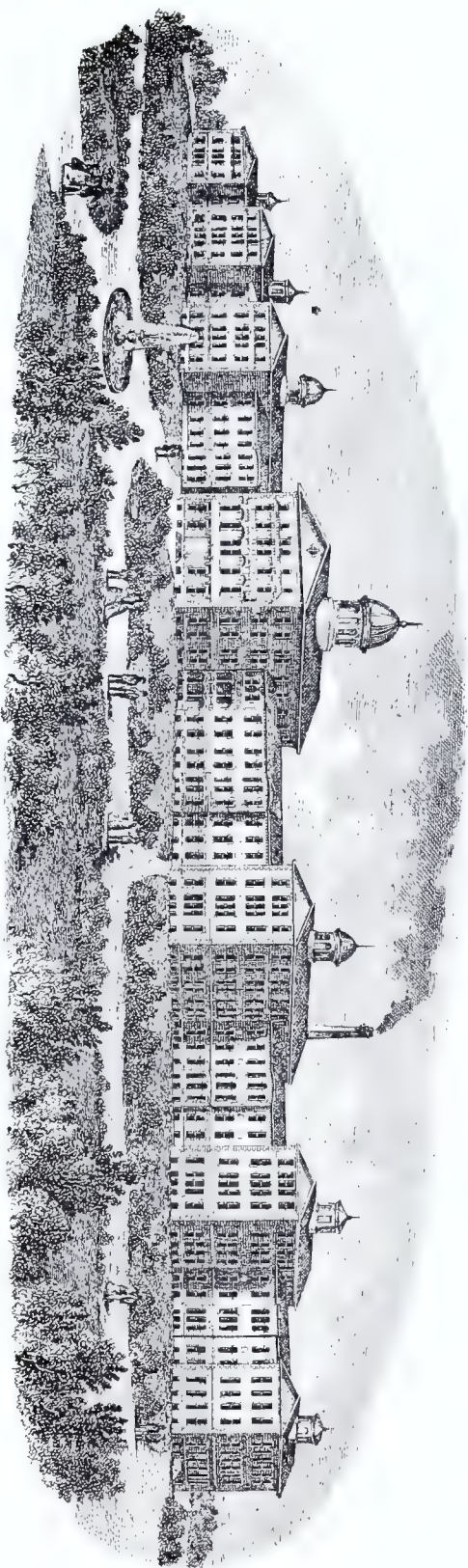
LEGISLATIVE COMMISSION TO INQUIRE INTO THE CON-
DITION OF PENNSYLVANIA INSANE.

Inspection of the County Insane Hospitals in
Wisconsin.

September 6th to 13th, 1902.



Northern Wisconsin Hospital for the Insane (Near Oshkosh).





Wisconsin State Hospital for the Insane, Mendota (Near Madison).

VISIT TO COUNTY INSANE ASYLUMS IN WISCONSIN.

The Commission visited the state of Wisconsin from September 6th to 13th. They were received at Madison by the members of the State Board of Control, viz: Judge Wm. P. Lyon, president of the board; N. B. Treat, vice president; Messrs. Herman Grotophorst, Gustav Kustermann, Andrew G. Nelson and M. J. Tappins, secretary.

At a meeting held in the board room, it was decided that the Commission, accompanied by members of the Wisconsin State Board of Control, should first visit the Dane County Asylum at Verona, and after that go to the State Hospital at Mendota, to be followed on Wednesday, September 10th, by a visit to the Milwaukee Hospital for the Insane, and also the County Hospital at Wauwatosa, and on Thursday, September 11th, by a visit to the Northern Hospital for the Insane, and the Winnebago County Asylum near Oshkosh.

At the Dane County Asylum at Verona, the Commission was accompanied by President W. P. Lyon and Mr. Gustav Kustermann, of the Board of Control. Mrs. Edwin, wife of the superintendent, escorted the party through the institution and showed the various wards.

This asylum has a population of about one hundred and fifty quiet chronic insane patients. Most of the men are able to work on the farm, and the women patients are kept busy with sewing, and laundry and kitchen work. No restraint seemed to be exist, all the doors and windows were open and patients were allowed to go in and out at will.

The average number of attendants at this county institution is one to twenty, and the doctor, who resides about a mile from the institution, is compelled to make two professional visits to the institution each week, for which he receives two dollars per visit. In addition to this there is a superintendent, a matron, a bookkeeper, three male attendants, three female attendants, cook, laundress, assistant farm hand, male night watch and female night watch. The wards and building seemed to be very well cared for. The patients eat in a general dining room. No special provision is made for dancing, the class of patients being mainly of the older chronic class, who do not seem to require this kind of amusement, but

musical and similar entertainments are given occasionally, but with no regularity.

The Commission visited the State Hospital for the Insane at Mendota, and were met by Dr. Ernest Bullard, superintendent, and his associate physicians. At this hospital acute and some chronic insane are kept. Enough to help do the work around the grounds and buildings are thus employed. Here are also some of the dangerous classes and those which need constant medical treatment, as the latter could not be kept in the county asylums. The population of this institution is constantly changing, as all classes of patients are received from all over the State, and from this institution are distributed to the different county institutions through the orders of the Board of Control. This hospital, however, is mainly intended for the acute curable cases, and usually patients that are not cured within a year and are not dangerous are transferred to the county asylums nearest their homes.

All modern appliances are in use at the institution.

This hospital has room for about four hundred and fifty patients. The ratio of attendants to patients is one to six, and the per capita cost is \$4.30 per week.

It is the opinion of Dr. Bullard that the noisy and violent insane should be separated from the quieter patients, and that criminal insane should be separated from the other class entirely.

After returning to Madison in the evening the Commission met President Lyon, the secretary and several members of the Board, and the following questions were asked and answered:

Q. Are any female physicians employed in any of the hospitals or asylums?

A. Only one at the Northern State Hospital. At Mendota the plan has been tried, but with no success, as the lady in question did not wish the superintendent to issue any orders or to have any communication with her nurses or attendants, except through herself.

Q. When was the county care act passed by the Legislature?

A. The county care system of Wisconsin has been in existence since 1880, at the time when the act was first passed. The state in order to induce the counties to build asylums and take care of their own insane, offered to pay one half the cost of the buildings, but this act was afterwards repealed, and another passed, in which the counties were authorized to build their own asylums and receive in lieu of half the cost of erecting the buildings, \$1.50 per week for the maintenance of patients—that is, when the patients were residents of the same county in which the asylum was located. If he (or she) was a resident of another county then the State under-

took to pay the county \$3.00 per week and the cost of clothing, and to collect from the county of which the patient had been a resident, \$1.50 per week, and the cost of clothing. If the patient had no known residence in the state, then the state paid \$3.00 per week and the cost of clothing to the asylum to which the patient has been assigned.

Q. Do you have any paid patients?

A. Some, and charge about \$6.00 per week. The Board of Control is now asking for an appropriation from the Legislature to build an asylum for the criminal insane.

Q. Is there any danger of politics creeping into the management of the county institutions?

A. No, the Board does not favor political management of the institution.

Q. Have you ever tried to have three or four counties join together and build an asylum?

A. Yes, we have tried this but with no success. As a rule, counties do not agree, and have in all instances built separate asylums.

Q. Under county care system, does it not create a desire to make money, and deprive the patients of proper care?

A. It would, but as the Board of Control has absolute control, it can empty the institution immediately if necessary, if any abuse occurs. The Board can withhold the \$1.50 per week from the state and remove patients which belong to another county from the institution to another and in this way compel the counties to take proper care of their patients. The State Board of Control has absolute authority over county institutions so as to see that no abuse occurs. Another advantage of the county system is that taxpayers of a county in which an institution is located, will pay more taxes for maintenance, etc., than they would for state institutions, and naturally take more interest in them, and as a rule, pay more visits to the asylum.

The taxpayers of counties where asylums are located have absolute power over them as long as everything is done right, but the State Board of Control must visit these county institutions once in every three months, and inspect them to see that they comply with the law, and that no abuses occur. A county in order to build an asylum must first have the consent of the Board of Control, and submit the plans and specifications to the Board of Control and have them approved before they can build an asylum.

The Board of Control consists of five members, appointed by the Governor (by and with the consent of the Senate) for a term of five years from date of their appointment, but no two can be from the same congressional district, and not all of whom shall belong

to the same political party. The members each receive \$2,000 per year and all actual necessary expenses, and must devote their entire time and attention to the discharge of their duties. The Board may employ a secretary, two clerks and stenographer, and elect from its number a president. The secretary receives \$2,000 per year, the same as the members and must be a competent and experienced bookkeeper.

The Board is compelled by law to visit the institutions in the state once in every three months, either as a body or by some member, or members, and has power to remove any officer, etc., for misbehavior, or neglect of duty. They appoint annually for each hospital for the insane, a superintendent, assistant physician, a matron and steward, and all necessary officers for state institutions.

The Board has power to remove inmates from one institution, either state or county, to any other institution, with the exception of persons committed by the courts awaiting trial or sentence for felony.

The Commission visited the Milwaukee Hospital for the Insane at Wauwatosa on Wednesday, September 10th, and were received by the superintendent, M. J. White, M. D., and Mr. Hopkins, president of the board of directors.

This hospital, under a special act, is allowed to treat acute insane patients the same as state hospitals, for which it receives from the state \$3.50 per capita, and for the chronic class it receives \$1.50, the same as other county hospitals.

The hospital is thoroughly equipped and has a full corps of physicians and nurses, and is governed by the same rules that govern the other county hospitals. Under a special law this hospital is allowed seven directors, appointed by the Governor, to serve for a term of seven years, while other county hospitals only have three directors. These directors for county hospitals are not confined to men of any one particular party, but are men that are the best representative citizens of the respective counties and are usually chosen from their fitness for the office.

This hospital accommodates about 530 patients, some of whom are chronic insane. Enough of this class are kept to help around the institution and grounds and reduce the cost of maintenance. The rest are acute, of the same general class of patients which make up the population of all institutions of this character.

The hospital has a central dining room, where all patients are fed that are physically and mentally able to be taken to the dining room. The rest are fed in the wards.

Some of the violent patients are fastened in their rooms at night. This seemed wrong to the Pennsylvania Commissioners, as in the

case of fire there would be no possible chance of escape, as all the windows are covered with iron gratings, and the windows are of heavy plate glass. The superintendent has obviated this, however, by having electric wires run through the wards, and in some manner connected with the lock of all the doors, so that by turning a switch he can unlock all doors which cannot be closed again while the switch remains in place. This switch can be operated either from the ward or the office.

The porches of this hospital are fitted up with glass roofs and sides, and heated the same as the rest of the building. These are used for patients as sun parlors, etc., and are so arranged that chairs or beds can be rolled into them from the wards.

The Commission then visited the Milwaukee County Asylum. This is at Wauwatosa, near the insane asylum, but not under the same management, and only receives the chronic patients from the county and some state at large patients that are chronics. This asylum unlike most of the others, has a physician as superintendent, while most of the others have to call the doctor by telephone in cases of emergency. The Commission were shown through the wards and sleeping rooms. No patients were in the building, all being out around the grounds. Here the superintendent's house was constructed and finished entirely by the patients, and shows that excellent work can be done by employing the inmates under proper supervision.

On Thursday, September 11th, the Commission visited the Northern Hospital at Oshkosh, and were met by the superintendent, Dr. W. A. Gordon, who kindly took the Commission in charge and showed them through the various wards connected with the hospital.

The hospital is different in some respects from any hospital the Commission had visited thus far. Before a patient is taken to the hospital proper he is taken to a small building several hundred feet distant. Here he is examined and thoroughly washed, and clothes cleaned. He is then afterwards taken to the main building and put into the proper ward.

Under the direction of Dr. Gordon the Commission was taken through the different wards of the hospital. They were shown the "massage" room. This room was thoroughly fitted up for the purpose for giving hot and cold baths. They were shown the barber shop. This is a large room, and is well lighted. Here are located the steam baths. These are boxes with coils of pipe in them, and closed with two wooden covers, with an opening large enough for a man to put his head out of them. They are heated to any desired temperature. Electric baths have also been built with a number

of incandescent lamp globes in them, which supply electrical heat for curative purposes. In the room adjoining salt baths are given, as prescribed by the physicians.

While this is an old institution in point of years, it is not so in service, as all new ideas and appliances are added as they become necessary.

The shower bath system has been installed, and gives good satisfaction. This is the most modern way of bathing patients, as it is much quicker and better, and no patient can use the water the second time. A new operating room has just been added to the institution. In some of the wards rooms have been constructed with false floors with steam pipes under them. These are for patients who will not keep their clothing on and who also have a tendency to destroy everything portable within their reach. This plan enables them to be on the floor without catching cold.

In some of the violent wards Dr. Gordon has women attendants. This has had a good effect as the women attendants get along better with the patients than men. About the usual number of patients are employed, but the number of attendants to patients is about one to three and a half. This may seem large, but not when it is considered that this hospital only treats acute cases.

The dining room where all the patients are fed is also used as the hall for the entertainments, and has a stage in one end. When the patients have an entertainment or dance they move the tables and chairs out into the halls. On the upper floors rooms have been fitted up where singing and other branches are taught. By these means the patients are constantly kept doing something, and in some instances foreign born patients have obtained valuable knowledge of the English language and are thus easier to control.

Like hospitals in Pennsylvania, both convict and criminal insane are received. These classes of patients seem to be a great annoyance to the superintendents generally.

Dr. Gordon does not approve of the use of much meat, and has curtailed the use of coffee and tea, with beneficial results to the patients.

The following dietary list will show how the patients were fed during the week the Commission visited the hospital:

Diet List for the Week Ending September 6, 1902.

Sunday.

Breakfast—Water melon, potatoes, syrup, bread, butter, coffee, cake, radishes, beet pickles, rolled wheat.

Dinner—Roast pork, gravy, potatoes, bread, chili sauce, beet pickles, green corn, green apple pie.

Supper—Hominy and milk, bread, butter, syrup, cake, apple sauce, green corn.

Monday.

Breakfast—Codfish, gravy, potatoes, bread, butter, coffee, corn meal gems, syrup, cheese, beet pickles, oat meal.

Dinner—Vegetable soup, crackers, boiled beef, potatoes, bread, butter, sliced cucumbers, hot slaw, bread pudding.

Supper—Cod fish, gravy, cocoa, bread, butter, sliced tomatoes, ginger cake, hot slaw.

Tuesday.

Breakfast—Sliced tomatoes, corn meal gems, syrup, coffee, bread, potatoes, butter, apple sauce, boiled rice.

Dinner—Fried onions, syrup, chili sauce, bread, butter, sliced cucumbers, carrots, potatoes, corn beef, cold slaw.

Supper—Bread, butter, tea, corn meal gems, sliced tomatoes, stewed onions, carrots, cold meat, syrup.

Wednesday.

Breakfast—Hash, bread, butter, syrup, coffee, cheese, oat meal, sliced tomatoes, cold slaw.

Dinner—Turnips, bread, picalilli, butter, squash, green apple pie, baked beans, green corn.

Supper—Mush and milk, bread, butter, syrup, coffee cake, sliced tomatoes.

Thursday.

Breakfast—Hash, bread, butter, corn meal gems, syrup, coffee, cheese, oat meal, apple sauce, sliced tomatoes.

Dinner—Roast beef, gravy, potatoes, bread, sliced cucumbers, boiled onions, hot slaw, beet pickles.

Supper—Meat stew, fried potatoes, tea, bread, butter, buns, tomatoes, stewed onions, hot slaw.

Friday.

Breakfast—Codfish and gravy, bread, butter, syrup, coffee, corn meal gems, sliced onions.

Dinner—Fish turbot, potatoes, bread, butter, syrup, green corn, turnips, sliced onions.

Supper—Bean soup, cocoa, pickles, ginger bread, butter, syrup, cold slaw, sliced tomatoes.

Saturday.

Breakfast—Potatoes, bread, butter, coffee, doughnuts, syrup, apple sauce, boiled rice.

Dinner—Mutton stew, potatoes, bread, syrup, string beans, cold slaw.

Supper—Mutton stew, cocoa, ginger snaps, sliced tomatoes, syrup, cold mutton, string beans, cold slaw.

This hospital has about six hundred patients, and costs about \$4.00 per capita per week to run.

The Commission then went to the Winnebago County Asylum, which is situated but a short distance from the Northern Hospital. This, like most of the other county institutions, has no doctor connected with it, but one that lives at Oshkosh, about two miles away. The doctor makes two professional visits each week, and others when necessary, for which he receives \$2.00 per visit. This asylum like the others, contains a few patients who require watching, and to be kept in the ward during the day, but most of the patients were out, working on the farms. As usual the doors and windows were all open and the patients allowed to go in and out at will.

SUMMARY OF THE WISCONSIN SYSTEM.

The Pennsylvania Commission found upon arriving in Wisconsin that the so-called cottage system in the various counties of the state had been carried on for a number of years. It may be expedient at this point to present a summary of the system as it now exists in Wisconsin.

The State Board of Control of Wisconsin consists of five members, who are appointed by the Governor of the state, and who have entire and absolute charge of the penal and charitable institutions of the Commonwealth. Under general laws this State Board has power to establish county hospitals wherever it sees fit. Of these institutions thirty have up to this date been authorized, constructed

and put into operation. For each inmate of a county asylum the state of Wisconsin pays the county \$1.50 a week. The county institutions are supervised by the State Board, which makes all the rules and regulations for their government. The trustees and superintendents of the county institutions are generally selected from the most prominent men in each county. Politics does not enter into the question of their appointment. The local boards and the State Board have in almost every instance worked in complete harmony.

There are three local trustees in each county, who are elected by the county board of supervisors, and these trustees appoint the superintendent. The State Board of Control is compelled by law to visit and inspect these county asylums at least once every ninety days, but apart from this requirement frequent visits are actually made without notice, and at all times of the day. In the event of there being any defect or mismanagement of a county institution the State Board has it in its power to instantly transfer the insane to some other asylum, and to withhold all payments of state money to the delinquent institution.

Under general regulations the State Board has limited the capacity of the local asylums to between one hundred and one hundred and twenty-five. It is claimed by those who favor the Wisconsin system, that the local institutions afford more freedom of action to the lunatics than do the larger state institutions, and that the farms, containing from one to six hundred acres each, provide ample employment for the men, while the kitchen, laundry and sewing room fill up the time of the women. The combined area of the farms belonging to the county asylums is over 6,000 acres of fine land.

While it is true that many of these county asylums are associated with almshouses it is also true that the insane and the paupers do not eat together, nor mingle together to any extent.

Some of the newer local institutions are beautiful structures, finished in hard wood, lighted by electricity, heated by steam, and with an abundance of water for all purposes. No provision is made at them, however, for medical treatment, beyond the occurrence of ordinary diseases. A physician is appointed for each asylum, who visits the same at regular and stated intervals, once or twice a week, and there are hospital rooms in each of the institutions, but there is no absolute effort to cure the insane by any specific system of medical treatment. The inmates have almost perfect liberty. open doors, no restraints of any kind and a general dining room.

The following blank forms show the character of the reports which the State Board of Wisconsin exacts from the county institutions:

MONTHLY REPORT

OF THE

County Asylum for the Chronic Insane,

For the Month of, 190..

I hereby certify that the following report is correct, according to the best of my knowledge and belief.

Superintendent of County Asylum.

General Report.

1. Give any changes in buildings or furniture this month,
2. Give any changes in methods of managing insane this month,
(Especially state any additions to the liberty or occupation of the inmates, any improvements in food or clothing, and any special efforts for individual or experiments with them.)

3. How many inmates are now on parole to go around without an attendant,

4. Give a list of those now absent on leave, with the time each has been so absent,
(Among these should be given those who have escaped, whom you suffer to stay away knowing where they are, although no formal leave of absence has been given them.)

5. What inmates could in your judgment go home, if they had a good home to go to?

6. Do you have a common dining room for all the inmates?.....

7. Which inmates do not eat at the table and why?.....

8. How many visitors have you had the past month?.....

9. What amusements, religious services, etc., have you had for the inmates the past month?

10. Please note here any changes in trustees, or in the system of business management of the asylum,

11. How many visits has the asylum physician made during month?.....

Summary of Population.

	Male.	Female.	Total.
1. Total number at close of last month, .....	.....	.....	.....
2. Admitted during month, .....	.....	.....	.....
3. Inmates returned (whether escaped or absent on leave), .....	.....	.....	.....
4. Total,	=====	=====	=====
5. Discharged during month on re-examination of sanity, .....	.....	.....	.....
6. Paroled during month, .....	.....	.....	.....
7. Died during month, .....	.....	.....	.....
8. Transferred to other institutions during month, .....	.....	.....	.....
9. Escaped during month, .....	.....	.....	.....
10. Gone away on leave of absence during month, .....	.....	.....	.....
11. Total loss of population, .....	.....	.....	.....
12. Population at close of month. (This should exactly equal the difference between lines 4 and 11),	=====	=====	=====
13. Discharged by reason of two years continued absence on parole under Section 587c, R. S., amended by Chapter 327, Laws of 1899,	=====	=====	=====
	No. In- mates.	Weeks.	Days.
14. Amount of board furnished inmates kept at private charge, .....	.....	.....	.....
15. Amount of board furnished inmates kept at the charge of this county, .....	.....	.....	.....
16. Amount of board furnished inmates for the following named counties:			
..... county, .....	.....	.....	.....
..... county, .....	.....	.....	.....
..... county, .....	.....	.....	.....
..... county, .....	.....	.....	.....
17. Total amount of board furnished all inmates, .....	.....	.....	.....

Statistics of Occupation and Restraint.

Number of Days	Persons Employed.			Time in Days Actually Employed.		
	Male.	Female.	Total.	Male.	Female.	Total.
1. Number who generally work an day,						
2. Number who generally work half a day,						
3. Number who work less than half a day,						
4. Number who do not labor						
5. Of those last how many are						
(Not the cash value of the labor, but the amount of time should be reported.)						
RESTRAINT AND SECLUSION.						
1. Number who have been in restraint or seclusion all the month,						
2. Number who have been temporarily in restraint or se- clusion,						
Number not in restraint or seclusion during the month,						
4. Total number of days restraint (please report exactly).						
The purpose of this statement is to show the number of days in restraint should not be considered as punishment. (See statement in Restraint Book.)						

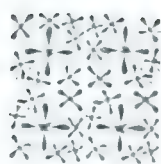
Admissions and Returned Inmates.

[illegible]

VISIT OF THE LEGISLATIVE COMMISSION TO
INQUIRE INTO THE CONDITION OF THE
PENNSYLVANIA INSANE

TO THE

Chester County Hospital for the Insane on Saturday,
September 20, 1902.





Chester County Hospital for Insane—Front View.

LEGISLATION COMMISSION VISITED THE CHESTER COUNTY
HOSPITAL FOR THE INSANE AT EMBREVILLE ON SATUR-
DAY, SEPTEMBER 20, 1902.

The hospital is located six miles from West Chester, the county seat of Chester county. The Commission were conveyed to the institution in carriages furnished by the institution. On the arrival at the institution they were met by Dr. Jane R. Baker, superintendent, together with Mr. Davis Garrett, steward of the almshouse, and Messrs. J. Preston Thomas, John R. Smith and Dr. P. J. Nichols, directors.

The buildings are located on a high eminence, from which a fine view of the surrounding country is afforded. There is connected with the institution four hundred acres of land, regular farming operations being conducted under the supervision of Mr. Garrett. Provisions are thus furnished to both the almshouse and hospital for the insane, and by this means some concession is made with reference to prices at which necessary products are obtained.

A tour of inspection was immediately commenced through the Hospital for the Insane, the Commission being conducted to the dining room, where the males were seated on one side and the females on the other of the main aisle. The tables were decorated with flowers grown principally by the inmates and arranged by the attendants. A second visit was made to the dining room when the inmates were seated at dinner.

The men's wards were visited and everything found to be in a neat and tidy condition. In this department were the bath rooms and water closets; are supplied with automatic flush and a gravity supply of water, the water supply being furnished entirely from the land belonging to the institution. There is also a room for shower baths, with hot and cold water arranged so as to regulate the temperature by means of a thermometer registering the degree. There are also clothing rooms, dormitories, sitting rooms and billiard and amusement rooms. There is also in this department a commodious sitting room, and nowhere did there seem to be a crowded condition. The inmates make all the mattresses necessary for use in the two institutions and various other kinds of work are performed in this room relative to repairs incident to the institution. Adjoining this room is a carpenter shop. There are also sewing rooms, ironing rooms, rooms for keeping supplies and sick room.

After thoroughly inspecting the men's department a visit was made to the women's department, which is a counterpart of the men's department. The Commission was conducted through the various halls, dormitories, bath rooms and sick rooms. A visit was also made to the Chapel, which has a seating capacity of two hundred. Efforts are made to have religious exercises every Sabbath, and very often through the week the inmates are entertained with music by an orchestra or by a magic lantern exhibition. In the rear of the Chapel rooms are partitioned off for the accommodation of nurses. The construction of a Nurses' Home is in contemplation. This has been made possible by a bequest of six thousand dollars from a gentleman recently deceased. A draft was exhibited, showing full details of the proposed building.

In passing through the halls, adjacent to the women's sleeping rooms, it was observed that some of them were decorated with flowers and pictures and that they were made to appear as homelike as possible. The building itself is substantially constructed as a fire-proof building. The fire escapes were examined by the Commission. Of these there are two on the men's ward and one on the women's ward, which open into the corridor from each floor by an outside door, having electric lights under them.

Among the rules governing the institution is one providing that whenever an attendant should strike a patient he or she should be immediately dismissed and never reinstated. The women inmates make their own clothing and the men's underclothing.

Leading from the Insane Hospital building to the almshouse there is a wide concrete walk under which is a passage-way for the conducting of pipes in heating the buildings. A pest house building has been erected for diphtheria cases and also one for the insolation of small pox cases. There were four cases of small pox on the premises last year, but at present the institution is free from any contagious disease.

It was noticeable at this institution (more than any other of a similar character visited by the Commission) that a larger number of the inmates consisted of colored people. The Commission were introduced to a colored man nominally 102 years of age. It was stated that the almshouse, established at this place, was the second in the State of Pennsylvania, dating back to the year 1797, that in Philadelphia being the first. The following questions were propounded to Dr. Jane R. Baker, superintendent of the Hospital for the Insane and physician to both the hospital and almshouse patients:

Dr. Jane R. Baker examined and testifies as follows:

Examination conducted by Mr. Snyder, Chairman of Commission.

Q. Will you please give us the number of patients in the Hospital for the Insane at this time?

A. One hundred and eighty-four.

Q. How many females?

A. One hundred and three males and the rest females.

Q. How many patients have you proper accommodations for?

A. We have not any too many patients for the buildings. We count 500 cubic feet air space to the patient and taking that basis our hospital is not overcrowded; it is full but not crowded, it is comfortable.

Q. Can you give us about the number of minors in the institution, of male and female together?

A. We have about three.

Q. How many epileptics have you in the institution?

A. We have from ten to fifteen.

Q. Do you attend the patients here when they get sick?

A. Yes, sir.

Q. How many epileptics are there in the almshouse proper?

A. About fifteen.

Q. I noticed quite a number of feeble-minded, how many of them do you have in the almshouse proper?

A. More than half of our inmates are feeble-minded from age or birth.

Q. How many are there, from their history, that were born defective?

A. Half of our population were born defective, either morally or mentally defective; that includes our girls not fit to send out and bad children who are really defective mentally.

Q. Among the chronic or hopeless cases, about what percentage of your patients in the insane department are hopeless or chronic?

A. Out of the 184 cases, if you take 30 out you will cover all that will ever leave here.

Q. That is, there will be 150 chronic cases?

A. Yes, sir.

Q. How many violent cases have you?

A. We have only what I would consider about four cases; those are only so periodically. Of course we have others that will slap you in the face, but we have four that are really violent cases.

Q. How many criminal insane do you have?

A. Eight.

Q. Are they cases that have been convicted before a court, or are they cases which have not been tried?

A. They all have been convicted before the court and turned over to the hospital by order of the court because of their mental condition, it having been decided that they were insane.

Q. Insane convicts?

A. Yes, sir; but not convicts and then insane. Mahlon is here by order of the court. We have a man here by the name of Curley who burnt a house under some delusion as well as assaulted his wife, shot at her and was put in jail and afterwards sent here on the ground of insanity.

Q. How many paid patients have you in the insane department?

A. That is, patients paying \$1.75 up?

Q. Yes, sir.

A. We have thirty who pay \$1.75 up to \$5.00; ten of those are private cases.

Q. What is the whole number of paid employees in the institution?

A. I have twenty-two.

Q. What was the average cost per capita, per week, last year?

A. \$2.80; it will be less this year.

Q. Everything you receive from the farm is charged to your institution as if you were a separate institution?

A. Yes, sir; the same as if we were buying it from the outside.

Mr. Smith: A good many things, such as the hauling of the coal, we do not charge anything and mechanics when employed for repairs we board here.

Mr. Snyder, Chairman: If this place were located at a spot accessible to the railroad, or you had a siding here, the hauling would not cost anything. At the Willard Hospital, in New York State, they have tracks running to all their buildings on the grounds of the institution. What would there be that you could get the advantage of, without having to pay for, outside of the hauling of the coal?

Mr. Smith: The ice is not charged for and there is no expense for water.

Dr. Baker: Our men help get the ice in.

Mr. Snyder: If you were in some localities you would put an ice plant in; some institutions have their own ice plant, they have one at Retreat. If this institution was located where a modern institution should be located you would have a siding and the expense with reference to the hauling of coal would be cut out, but this institution was located and started, especially the almshouse part of it, long before the existence of railroads.

Dr. Baker: This was in the middle of the two counties before Chester and Delaware were divided. The almshouse was built in 1799. It is said to be the second almshouse established in the State of Pennsylvania.

Q. (Mr. Snyder). What do you think of having the epileptics separated from the other patients?

A. (Dr. Baker). It would be an advantage to the epileptics.

Q. What would you say with reference to having the criminal insane and the insane convicts in separate institutions?

A. From the experience I had in Massachusetts, the class that we get as criminal insane were very much better away from the others. My experience here has been the same.

Q. Does not their association with the milder cases have a bad influence over them?

A. It did, with the worst class of criminals, and I do not think it is right that the innocent insane should be compelled to associate with criminals, because I have patients here who are criminals because they are insane.

Q. Do you think they ought to be kept in one of those insane institutions?

A. No, sir; I don't think it is the place for them.

Q. Don't you think they ought to be kept in an institution attached to the penitentiary?

A. I think they ought to be attached to the workshop, as it is in Massachusetts, and there the insane and pauper turn up year after year. There is a good place for them to help support the others.

Q. It is hardly right that you should be jailer as well as superintendent of the institution?

A. No, sir; I don't think so.

Q. There is a good deal of discussion now going on with reference to having such an institution?

A. In Massachusetts you have men coming into the poor house year after year and they are dressed up and sent out and often come back the third time; they are put to the workshop and the work house and the insane criminals live at the same place and they are a pretty good combination.

Q. Would you provide differently for them in the cities than in the country districts, with reference to settlement?

A. That is a pretty hard question to get at; in Massachusetts the man who has not gained a settlement goes to the State poor house or work house and it is a State affair. However, take the man that comes in here who is known as the yearly tramp and you would have to take them to your State institutions because they are worthless and have no settlement anywhere. Every winter we support from thirty to sixty that do not belong to us. In Massachusetts such characters are sent to the State work house, but of course where the law is not the same it would be hard to do this. The men who can work have no business to be supported. There is need of a place in this State for the wandering men who turn up every winter. This character is a bad element in our Commonwealth and what to do with him is an unsettled question.

Q. He is likely to be a criminal whenever he can be?

A. Yes, sir. This lady here to-day with me is in one of those institutions in Massachusetts and she states that in passing through the institution she met from fifteen to twenty of her old applicants for aid. That shows you that they turn up at almost any place and that they are at the right place when they are sent to the work shop.

Q. What do you think of putting all the idiots and imbeciles in a separate institution, such as at the Polk Institution for the Feeble-minded?

A. Well, the defective children ought to go there; after they get to twenty-five, twenty-six or thirty years of age they ought to go to the county home and thus let other children have a chance to get into such institutions in their earlier years.

Q. You cannot grade them as well in the county home as you can in the State institution?

A. No, but they ought to be trained well enough by the time they get to be twenty-six years of age so that you could control them. Of course there are exceptional cases, but that gives you a chance for the younger children. We have children here that would be better at Elwyn; as I understand Elwyn is not a State institution, but a private institution.

Q. The State gives aid to the institution, but it is a private institution?

A. It seems to me they do not look enough at that as an educational institution. When those children arrive at the age of twenty-five to thirty years of age they have been taught all that they can be taught. We have had children brought here who should have gone there.

Q. In reference to county asylums, do you think in counties of less than one hundred thousand population it would be as practical to maintain them in county institutions as in State institutions?

A. I don't think so.

Q. How many patients could you take care of in a county institution, such as you have here, to advantage?

A. When a hospital gets over five hundred it is too large for the benefit of the patient; that is my personal judgment.

Q. Could you take care of five hundred if you had them here, could you take care of them as well as the 184 that you now have?

A. No, sir.

Q. You could not take care of them and have as many cures as you have now, could not have as many patients that you considered cured when discharged?

A. Well, I base my opinion on what I have observed: I have been

where they had five hundred and where they had one thousand, and I know of others larger, and my experience has been that where we had five hundred we did better work.

Q. It has been your experience that you did better work where you had a smaller number?

A. Yes, sir; I think in a smaller number you can give them better attention and in my judgment five hundred ought to be the limit.

Q. I will put a hypothetical question to you: Suppose you had all the money at your command, that you desired, how would you regulate the hospitals of this State?

A. I think that Dr. Mayberry, in his talk before you, gave you the best thing that I have ever heard.

Q. He would have a house of detention where the acute cases went first?

A. Yes, sir.

Q. And those that did not recover in three or four weeks—

A. He said six months to a year would then be sent to the county or State institution, whichever was most suitable to take them.

Q. And have the different wards graded?

A. Yes, in fact, he would have a hospital full of acute cases and wherever money could do it he would prevent those acute cases becoming chronic. That, I think, is in the line with Providence.

Q. If you were building a hospital where you are going to accommodate five hundred patients how would you arrange that hospital, if you could have just what you wanted? What we want to do is to recommend to the Legislature the very best system and then we will let the Legislature say how much money they will appropriate to make it as near right as possible?

A. I think I would put it on the cottage system and have it as a family in each cottage, say twenty or thirty patients, according to the amount you had to spend and have it run as a family; that is, if you had the money. It is not an economical way to do, however.

Q. What system have you here with reference to the discharge of patients?

A. I discharged nearly four-fifths out on parole; that is, with their friends, and if they are capable of taking care of them they stay away and if not they come back.

Q. What do you think of the Wisconsin system, where the acute are kept in State institutions and the chronic insane are kept in county institutions?

A. I would want to visit Wisconsin to see how it worked.

Q. Do you think that would be a good way in this State?

A. Indeed I can't say that I do.

Q. You would have all county institutions to maintain as a mini-

num 180 patients and the maximum 500, you would have all county institutions of that kind?

A. I think what we are doing here is better than I have seen tried elsewhere; one of the chief reasons is because it keeps the patients among their friends and there is a better opportunity for their friends to visit them and watch them and in so doing it may do the patient a great deal of good.

Q. How often do they visit them?

A. We have a great deal of visiting, more than I have seen at any other place.

Q. In State institutions the expense is greater for friends of patients to visit them in many instances?

A. Yes, sir; because in many cases they are remote from their friends.

Q. And it is a burden to the poor people to make such visits?

A. Yes, sir.

Mr. Smith. The larger the institution the more remote the patients are from their friends and their individuality is more liable to be lost.

Q. (Mr. Thomas). How often has the Committee on Lunacy been here?

A. Dr. Wetherell was here when I first come and looked around and has been here since three times.

Q. Have any other members of the Board been here?

A. Dr. McCloyd and Judge Johnson have been here and Mr. Cadwallader Biddle has been here once in two years and ten months.

Q. (Mr. Snyder). How is a patient discharged from this institution?

A. We can discharge them ourself if a pauper case is improved and we can get them with their friends. In the case of insane patients it is remote to write to the Lunacy Board and state the conditions and they authorize you to discharge that case, and there are cases where you let them go home with their friends under what is known as the thirty day law, and if they get along all right under parole you discharge them if you think they will get well.

Q. How long can you keep them?

A. I asked Dr. Wetherell when he came here and he said, under an opinion of the Attorney General, six months.

Q. How many have you out?

A. About five.

Q. How many have you discharged in that way?

A. I think between fifty and sixty.

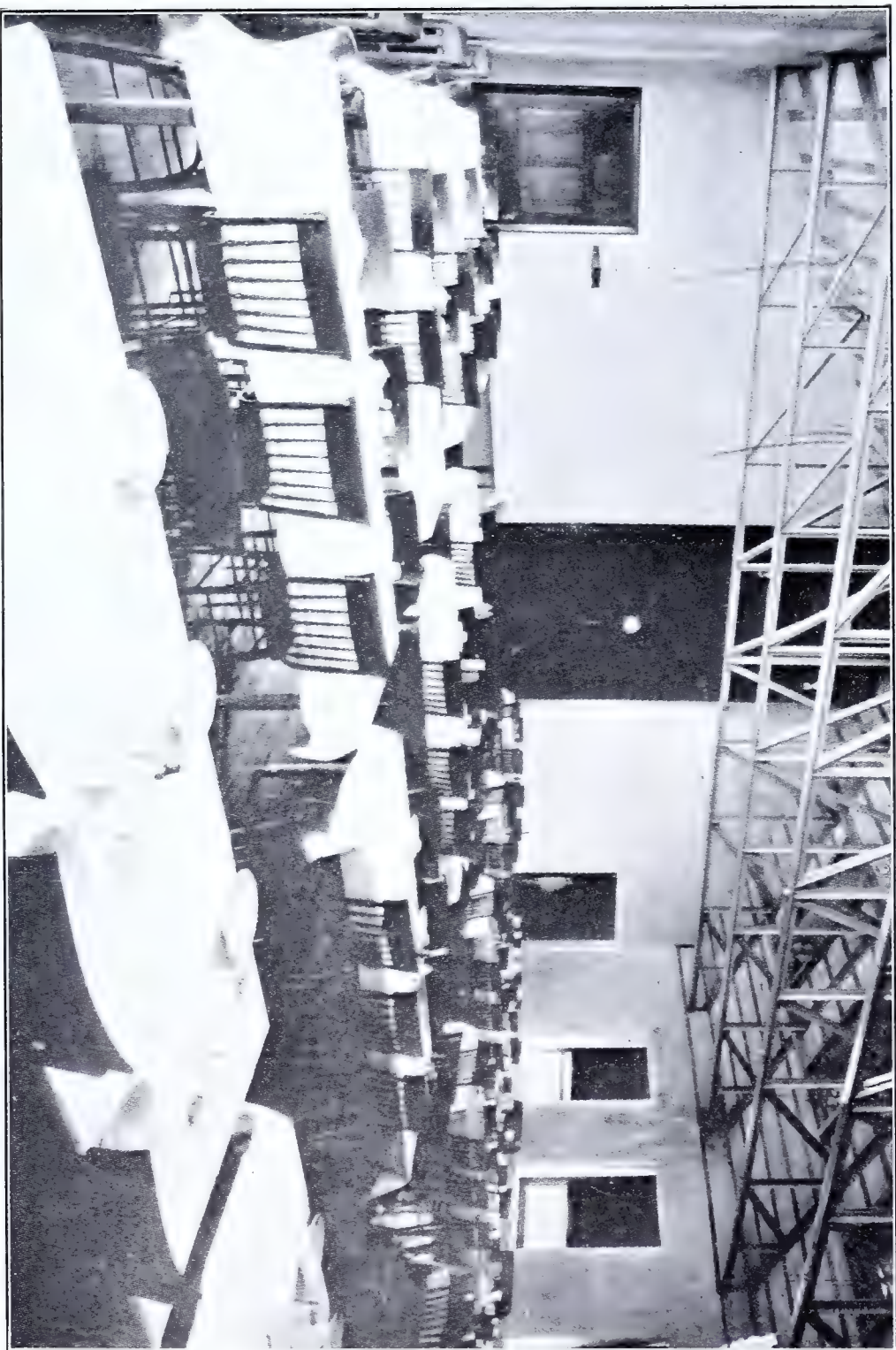
Q. That law requires a certain way to have them discharged and committed?



• Chester County Hospital for Insane—Side View.



Chester County Asylum—Dormitory.



Chester County Asylum—Dining Room.



Chester County Asylum—Sitting Room.

A. There is only one way and that is on regular commitment papers.

Q. Don't you think it would be better if there would be a uniform law to have the commitment cases presented to the court and then have the court make an order?

A. I look upon the commitment paper in Pennsylvania as not being a well constructed commitment paper.

Q. Don't you think the commitment cases should be presented to the court and then an order made by the court?

A. That is certainly the better way. Now we must have the certificate of the two physicians.

Q. I think it would deter some persons from applying if it were placed in the hands of the court?

A. Those cases are very rare; I think there is one case where the boy was not insane.

Q. If the court had any doubt about it they could send for the patient and for the people who made application?

A. Yes, sir; I have known cases where they have been admitted and the court has not sanctioned it. Then there are other cases where there is no history.

Q. Suppose the law was this way, that it should be done on the certificate of two reputable physicians and that their examinations should be held apart from each other?

A. The law is something similar to that now, Senator Snyder. A history of the patient should also accompany the certificates of the physicians and that should be presented to the court and if the court considered, from the testimony before him, that it was a proper case for commitment he should make an order to have that patient committed; that, I think, would be an additional safeguard.

Mr. Thomas. In cities and towns that would be all right, but in counties where courts only sit once in awhile how are we going to do that?

Dr. Nichols. I think there ought to be regular special examiners for insanity patients. It is not a very pleasant duty for physicians to perform generally throughout the country. In Philadelphia there are many physicians who will not sign a commitment paper at all.

Dr. Smith. It is not a difficult thing to have a person committed who is not insane?

Mr. Snyder. No, sir.

Dr. Baker. I have a commitment paper of Massachusetts and will mail it to you.

Mr. Garrett. The great difficulty is in getting any history from the patient or their friends. We know they are insane, but cannot get any history of the case.

Dr. Baker. A case came in this morning and the paper stated that this patient has been acting insane for four months, that is the history.

Dr. Nichols. I thought you had to give the cause on those blanks?

Dr. Baker. But they did not do it. The first sheet of that blank is very good.

Mr. Snyder. I don't think there has been any change in the law with reference to our insane for many years.

Q. What State do you think has the most advanced ideas for the advantage of the patient?

A. I have not travelled around enough to say; I have only read.

Q. How many of your patients are able to do something?

A. About 70 per cent., in wheeling dirt in wheel-barrows or picking hair, or any employment that they can be put at to keep them busy. Of course that does not mean that they will do as much as a regular laborer in all cases.

Q. What kind of amusements do you have here?

A. We have pool and billiard tables, we have an organ in the ward and services every Sunday and in between we have entertainments when I can get them.

Q. That occurs in the winter about once a month, I suppose?

A. We can do a little better than that; last winter it averaged about one every two weeks.

Q. What arrangements have you for holding religious exercises?

A. We have a regular service, sometimes one minister and sometimes another; we pay their expenses if they come here. We have services every Sunday unless the weather is very bad. I think we missed one service this summer. We have base ball games in which the patients take part.

Q. You have all the surgical appliances and all the advantages of the State institutions so far as the care and treatment of the insane is concerned?

A. I think we have; I think we have better than some other institutions.

Q. (Mr. Cheney). You have no operating room here?

A. No, sir; but if we have anything of that kind to do we make one.

Q. (Mr. Snyder). Everything furnished from the farm is paid for the same way as if it was furnished by some one not connected with the farm?

A. Yes, sir; we make a requisition. Every day we make out a statement and once a month we make this requisition and it is charged to our institution. My housekeeper comes down here to the steward once a week. Our steward is steward of both institutions and he

is also superintendent of the almshouse. We are getting our supplies about ten per cent. cheaper than we could buy them outside.

Mr. Garrett. I think they get their products cheaper than they could buy them if they had to go out on the market.

Q. Do you have to buy your beef?

A. (Mr. Garrett). We buy our beef and fatten cattle, we buy steers and fatten them.

Mr. Snyder. What do you pay for beef outside?

Mr. Garrett. We kill our stock on foot and pay about six cents a pound.

Mr. Snyder. At what price do you charge that to the hospital?

Mr. Garrett. We charge them the same price that we pay for it.

Mr. Thomas. We buy cattle on the hoof for five and six cents a pound and feed them here. After you kill them what do you charge them?

Mr. Garrett. $8\frac{1}{4}$ cents.

Mr. Snyder. That is below what you pay now?

Mr. Thomas. Yes, sir.

Mr. Snyder. Contracts let to the State institutions run from nine to ten cents per pound and last year from seven to eight cents per pound for the whole carcass. At Norristown they made their contract at about $9\frac{1}{2}$. At some of the institutions we were in they paid 10 cents. It is what we would get if we would go into the butcher shop and buy for our own families.

Dr. Baker. We do not furnish beef but once a day and for insane people we think this is plenty. We feed them a great many vegetables.

Q. Do you give your bread to your patients when it is a day old?

A. Sometimes we do, we usually try to; they won't eat so much, but they like the bread when it is only a day old.

Q. Have you anything to offer with reference to the prevention of insanity?

A. The State of Connecticut has passed a law preventing the marriage of idiots and imbeciles and I think that this State should do something in that direction in order to prevent imbecility and insanity.

Q. Do insane patients act in concert in time of trouble among patients?

A. It is a very rare occurrence; I never saw more than two and only two in twelve years. I go among them with one or two nurses.

Q. If they acted in concert you would have to have fifty nurses?

A. Yes, sir; they will assist the attendant sooner than the insane person. They do not think they are crazy and when there is a row they will assist the attendant. Having the men and women to-

gether has done a great deal of good; we have them in the dining room together, the women on one side and the men on the other side of the room. At first the men used obscene language, but now you hear nothing of the sort.

Dr. Nichols. What do you think is needed here and what do you think we could add here that would be a benefit to the inmates of this institution as well as the people of Chester county?

Mr. Snyder. I think you have about everything that they have in the State institutions except massage; in Wisconsin they have that treatment. You do not have that here?

Dr. Baker. I cannot say that we have.

Mr. Snyder. They also have the Turkish bath.

Dr. Baker. We use a great deal of water here.

Mr. Snyder. They have electrical boxes with electric lights where they put patients in with the heads out and have steam baths. There is one thing you need, and that is a Nurses' Home outside of the building.

Dr. Nichols. We are going to have that, but where will we get this three or four thousand dollars more that we need in its construction.

Mr. Snyder. It occurs to me that the idiots and imbeciles ought to be taken care of outside of the almshouse. Of course it would not benefit them because they are beyond hope, but it seems to me that all over the State they should be taken care of in a separate institution. I don't think they should be classed among the paupers.

Mr. Thomas. We have hesitated somewhat to take up all that class of cases because we thought somebody might say, or the State might say, that we were pushing them in there to get that \$1.50 a week.

Dr. Baker. I admit it is not the best place for them and think it would be better to have them put in separate wards.

Mr. Snyder. I think the criminal insane and the insane criminal also ought to be kept in separate institutions and the epileptics ought to be kept separate.

Dr. Baker. The dyspsomaniacs and inebriates ought to be kept separate and if you have to keep them on they are most troublesome among the insane; they are restless and more or less vicious and tease and distress the other patients.

Mr. Thomas. You discharge them as soon as you can, do you not?

Dr. Baker. I do some, but some I have to keep because if they are out they will come back again.

Mr. Cheney. Does it take long for them to recover?

Dr. Baker. Yes, from three to thirteen weeks; then they are in a normal condition and the trouble starts in.

LEGISLATIVE COMMISSION TO INQUIRE INTO THE CONDI-
TION OF PENNSYLVANIA INSANE.

Inspection of Matteawan (N. Y.,)
State Hospital for Insane,

OCTOBER 18, 1902.



INSPECTION OF MATTEAWAN (N. Y.) STATE HOSPITAL FOR INSANE, OCTOBER 18, 1902.

The Commission visited the Matteawan State Hospital for the Criminal Insane on Saturday, October 18, 1902. They were met by H. E. Allison, M. D., and his assistant physicians, who kindly afforded them every facility possible to thoroughly review the care of the criminal insane.

The Matteawan State Hospital is "for insane committed on orders of court of criminal jurisdiction and for persons convicted of petty crimes or misdemeanors not felons—becoming insane while undergoing sentence," and is the direct outgrowth of the State asylum for insane criminals at Auburn, N. Y. The Auburn hospital was established over 40 years ago under the management of the superintendent of prisons and under strict civil service rules, the same as all the other hospitals in the state of New York.

The present asylum at Matteawan was built for the criminal and convict insane, and has been occupied since 1891; this was the direct successor to the Auburn hospital and continued to receive all classes of criminal and convict insane until November, 1900, at which time the Mt. Dannemora State Hospital for the Male Convict Insane was opened to relieve its overcrowded condition and to take all the male convict insane while undergoing sentence. This class of patients created much disturbance to the detriment of the other patients. The women convicts are still received at Matteawan as there are very few of them in the state (about 70). The hospital had about 595 inmates, with a capacity of 550—about 70 of these were women, most of them committed for murders.

It had about 120 attendants (about 1 to 4). This ratio was absolutely necessary as all the patients have to be watched very closely. They are practically kept the same as prisoners and have to be searched very often for fear of their concealing anything about their persons which would enable them to liberate themselves or do damage to others.

They are, when first received, subjected to the same examination as are all criminals, photographed and measured and this record is filed under the proper head together with the commitment papers.

The inmates seemed strong and more able-bodied than the usual

classes of insane and very near all of them were able to work and were usually anxious to do something although the number of cures is very small.

When this department of the prisons was first started over 40 years ago it was considered to be part of the Auburn state prison although under a different head or superintendent and upon the same ground occupied by the prison but its management was kept entirely separate. It was found after a number of years and after the place became crowded and other provision would have to be made and that if the inmates could be given employment that they would be happier and better in every way. Easy work, then, as at the present time, is considered one of the best forms of treatment.

The present hospital at Matteawan was built and occupied in 1891, on a farm containing 250 acres. There is an administration building and six ward buildings connected by one story corridors, two infirmaries for the sick and feeble and two isolation buildings especially planned and constructed for the most dangerous and vicious class of patients. The buildings are so planned so as to have four inner courts for exercising or airing. They are completely surrounded by the buildings and corridors so that no patients could escape. All the windows have heavy iron bars over them. The structures are of brick and very substantially built and have special rooms for the attendants while off duty. From the character of the class of patients committed by the courts the doors between the wards are always kept locked.

The patients take their meals in a central dining room and are not allowed the use of either a knife or fork while eating. The attendants eat separately before the patients, all patients being locked in their rooms while the attendants are thus eating.

The Lunacy Commission has no authority over the workings of this hospital except the power of making suggestions, but it cannot enforce obedience to such suggestions as the institution is directly under the State Prison Board management.

The general system under which the Matteawan hospital is managed is explained in a letter from its medical superintendent, H. E. Allison, as follows:

"Whenever a person in confinement under indictment desires to offer the plea of insanity, he may present such plea at the time of his arraignment as a specification under the plea of not guilty.

"When the defendant thus pleads insanity, the court in which the indictment is pending, instead of proceeding with the trial, may appoint a commission of not more than three disinterested persons to examine him and report to the court as to his sanity at the time of the commission of the crime. If the defendant in confinement

under indictment appears to be at any time before or after conviction insane, the court in which the indictment is pending, unless the defendant is under sentence of death, may appoint a like commission to examine him and report to the court as to his sanity at the time of the examination.

"The commission must at once proceed to make their examination. They must take the oath prescribed for referees, and they must be attended by the district attorney of the county, and may examine witnesses and compel their attendance. The counsel for the defense may take part in the proceedings. When the commissioners have concluded they must forthwith report the facts to the court with their opinion.

"If the commission find the defendant insane, the trial and judgment must be suspended until he becomes sane, and the court, if it deem his discharge dangerous to the public peace or safety, must order that he be in the meantime committed by the sheriff to a state lunatic asylum, and that upon his becoming sane he be redelivered by the superintendent of the asylum to the sheriff.

"If the defendant be received into the asylum he must be detained there until he becomes sane. When he becomes sane the asylum must give a written notice of that fact to a judge of the supreme court of the district in which the asylum is situated. The judge must require the sheriff, without delay, to bring the defendant from the asylum and place him in proper custody until he be brought to trial, judgment, or execution, as the case may be, or be legally discharged.

"In case the question of the defendant's insanity is made an issue at the trial and before a jury, when the defense is insanity, the jury must be instructed, if they acquit him on that ground, to state the fact with their verdict. The court must thereupon, if the defendant be in custody, and they, the jury, deem his discharge dangerous to the public safety, order him to be committed to the State lunatic asylum until he becomes sane. If the jury make no statement the patient, upon his acquittal, is released.

"If any person in confinement under indictment, or under sentence of imprisonment, or under a criminal charge, shall appear to be insane, the county judge is authorized to institute a careful investigation, to call two respectable physicians and other credible witnesses, to notify the district attorney to aid in the examination, and, if he deems it necessary, to call a jury. If it be satisfactorily proved that the defendant is insane, he may order his removal to a state lunatic asylum, where he shall remain until restored to his right mind. Notice of that fact is then to be given to the said judge and district attorney, and upon his recovery he is remanded

to prison, where criminal proceedings are resumed, or he is otherwise discharged. In the event of the defendant's having been committed to a state lunatic asylum other than the Matteawan State Hospital, which is a special institution erected for the criminal insane, the state commission in lunacy is by law authorized to transfer to the Matteawan State Hospital all patients in other hospitals committed thereto by courts of criminal jurisdiction.

"If an inmate of any of the penal institutions of the state, having been convicted and sentenced, should become insane while undergoing imprisonment, the fact is certified to the warden of the prison by the prison physician. The warden thereupon applies to the judge of the district, who appoints two physicians to examine into the mental condition of the prisoner, and if found to be insane, such convict is, by order of the court, transferred from the prison to the Matteawan State Hospital. He there remains until he shall have recovered. In the event of his recovery before the expiration of his sentence, he is returned to the custody of the prison to serve the remainder of his term. Should he not recover before the expiration of his sentence, and still remain insane, he is detained at the hospital until such time as, in the opinion of the medical superintendent, he is in condition to be released.

"These are extracts from the insanity law and from the Code of Criminal Procedure.

"In a general way, then, I would say that if a person is accused of crime and appears to be insane at any time during the course of the proceedings, either before the indictment or before his trial or during the trial itself, or after conviction, the rule is to examine such person by an order of the court, and if he is found to be insane he is committed to a hospital for the care of lunatics. His treatment there is similar to that received in any hospital for the insane. If the trial in the case is proceeded with and the question of insanity is determined by a jury and the defendant is acquitted, the jury may certify that the insanity which existed at the time of the commission of the act does or does not still continue; and, if in their opinion, the man is sane, he may be thereupon discharged. If, however, they deem his discharge dangerous to the public by reason of the continuance of his mental disease, he may be committed to a state asylum.

"Medical experts are called upon during the trial, being summoned by the prosecution and also by the defense, and, under the law, any physician is competent to testify at the trial. In relation to the commitment of patients to an asylum, however, where such commitment depends upon the medical certificate, the physicians rendering such certificate must have had at least three years' practice in med-

icine; they must be registered in the office of the state commission in lunacy, and certificate of such registry must be filed in the office of the county clerk. In relation to the release of a patient from a state hospital, having been adjudged insane, the medical superintendent's certificate alone is now sufficient. Under the old law it was necessary for the medical superintendent to certify to the state commission in lunacy. The state commission in lunacy would then examine the patient and join in a certificate to a justice of the supreme court, who then would order his release if in his opinion recovery had taken place.

"I would refer you to the insanity law, chapter 445 of the laws of 1896, to section 454, and section 658 to 662 of the Code of Criminal Procedure. The law has been criticised for the reason that occasionally a person committing a homicide and acquitted on the ground of insanity is released without imprisonment. There has been introduced in the legislature this winter a bill which provides that whenever a patient shall be acquitted of a capital crime upon the ground of insanity, the disease shall be presumed to continue and he shall be committed to an asylum for the insane for a period of not less than ten nor more than twenty years and until he becomes sane. He, however, at any time during this period, may be released by the act of the Governor, providing it is thought proper and safe to order such release.

"I herewith send you a copy of our late annual report, which will give you the number of convicts at this hospital found to be insane after sentence. Probably from 60 to 80 convicts are admitted every year from three great prisons of the state which contain a population of about 3,200 inmates.

In the state of New York there is a special hospital for the criminal insane which is independent of the prisons, though controlled by the department of prisons, and which is specially designed for the treatment of insane criminals. It receives patients from the courts during any stage of the proceedings of their trial and before conviction. It also receives patients after conviction, either from the courts or from any of the penal institutions of the state. This institution now contains about 600 patients, and the necessity has arisen for its enlargement. It is now proposed to erect in connection with one of the prisons of the state a hospital for insane convicts who are under sentence, to which all persons undergoing sentence if found to be insane shall be committed, and who shall there be detained until recovered. This will separate the habitual criminals who become insane from the other class of the insane who are not properly criminals, but whose crime is perhaps the single unlawful act of their lives, and which is the result of insanity and not

of criminal disposition or nature.

This new hospital for insane convicts will be an entirely separate building from the prison proper, although adjacent to Clinton prison, one of the three great prisons of the state. It will be built outside of the walls of the prison on land belonging to the state, and is to be erected by convict labor. An appropriation of \$25,000 was made last year and the foundations are now laid. A bill appropriating an additional sum of \$125,000 is now pending in both branches of the Legislature.

"The present hospital is located 30 miles from the nearest prison, and admits to its custody both convicted and unconvicted cases. The title of the institution is the Matteawan State Hospital.

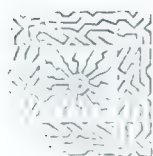
"I would say that Massachusetts has provided a hospital for the insane criminals entirely apart from the prisons. Michigan has also provided a similar institution, as well as the state of Illinois. Pennsylvania has the subject now under consideration. In other states of the Union, so far as I am aware, the same method of commitment in general is followed, but insane patients accused of crime are sent to the civil hospitals for the insane."

H. E. ALLISON,
Medical Superintendent.

THE LEGISLATIVE COMMISSION TO INQUIRE INTO THE
CONDITION OF THE PENNSYLVANIA INSANE.

Visit of the Commission to Lancaster
County Hospital for the Insane
at Lancaster,

November 8th, 1902.





Lancaster County Hospital for Insane—Front View.

VISIT OF THE COMMISSION TO LANCASTER COUNTY HOSPITAL FOR THE INSANE, AT LANCASTER, NOVEMBER 8, 1902.

The Commission visited the Lancaster County Hospital for the Insane at Lancaster, on Saturday, November 8, 1902. They were received at the hospital by the president, H. W. Graybill, J. S. Strine, Fred. Shoff, J. K. Frantz, Clayton L. Nissley, J. H. Weaver, directors; W. S. Grubs, secretary; Wm. Good, steward; S. W. Miller, M. D., medical superintendent; G. L. Alexander, M. D., resident physician, and S. W. Kauffman, moral instructor. The Commission inspected all the wards of the new and old insane hospital connected with the almshouse under the direction of the steward, Mr. Wm. Good and Drs. Miller and Alexander and the directors.

The new hospital has been built and occupied about three years and has all modern conveniences such as are found in all the new asylums. Modern bath rooms with shower bath system installed. The wards are separated so that male and female patients cannot have any communication whatever with each other. The main staircase is in the centre of the building and is made of iron and slate and is as near fire-proof as possible. In addition to this each ward has a separate stairway so that the patients can be taken to and from the dining room without going through the other wards.

The hospital is a three-story brick building. It was built in this manner so as to conform to the general plan of the other buildings.

The new buildings are heated by indirect radiators which is controlled by thermostats in the cellar. The air is forced through tempering coils by means of a fan to the different rooms. The dormitories are large and well lighted and ventiated, with a number of beds in each room.

The old insane hospital which is connected with the new one by a corridor has been built and occupied by the insane for about forty years. Here the patients are kept in separate rooms but with the doors opened. At either end of each ward is a large iron grating so as to keep the patients within limits.

In this building all the worst class of insane are kept. Criminal insane and idiots along with the others. In some of the rooms the floors were covered with zinc but only a few such rooms are still in use. The authorities are changing them as rapidly as pos-

sible. The radiators are covered with wire so that the patients cannot touch them in any way.

After making an inspection of the building the following questions were asked and answered:

Q. (By Mr. Snyder, Chairman.) What number of patients have you?

A. (Dr. Alexander.) 177 patients; 100 males, 77 females.

Q. Have you any criminal insane?

A. Yes; they are kept in the wards with the other patients.

Q. What is the per capita cost?

A. Last year (1901) the per capita cost was \$3.09.

A. How often does the State Board of Charities visit your hospital?

A. About once every three months by Dr. Wetherill and Mr. Biddle.

Q. Have you any other patients at any of the State hospitals?

A. Yes. At Harrisburg, Norristown, Wernersville and Polk.

Q. Have you very much difficulty in having patients admitted to Elwyn?

A. Can only have them admitted by exchange. We exchanged (9) nine last winter between 18 and 29 years of age.

Q. Have you a physician here at all times?

A. Yes, sir; Dr. Alexander, resident physician.

Q. What class of patients have you at Harrisburg?

A. Paid patients. Chronic at Wernersville.

Q. What number of your patients are able to work?

A. About 50 per cent.

Q. Do you find much prejudice against having patients sent to the county hospital?

A. (Dr. Miller.) Not so much now. Our experience is that out of 50 sent to Harrisburg 44 have been returned.

Q. What provision have you made for amusements?

A. No regular provision whatever, although we have entertainments about once a week.

Q. Have you any industrial or manufacturing department connected with the hospital?

A. No. There is no industrial department connected with the hospital.

Q. Do you allow any extra inducements to your patients so as to get them to work?

A. Yes, sir; we give them extra meat, etc.

Q. How many attendants have you?

A. Eleven.

Q. What do you pay them?

A. Males \$20.00; females \$15.00 per month.

Q. Who employs the attendants?

A. The board of directors give the superintendent power to employ and discharge employes.

Q. How are patients admitted?

A. The same as to other hospitals.

Q. Doctor, don't you think it would be an advantage to keep the different classes separate, such as the criminal insane, epileptics, chronics and idiots?

A. Yes; I think they should be kept in separate wards, but in an institution of this kind we do not have the room.

Q. How many acres have you?

A. About 196 acres.

Q. How long has this hospital been established?

A. The almshouse was built in 1800 and the insane have been kept separated for about 40 years. The new hospital has been built about three years. After the new building was completed a number of patients were taken from Harrisburg.

Q. Have you any record of the insane as to family history?

A. Very little.

Q. What have been the most frequent causes of insanity?

A. Syphilis and alcoholism are the most frequent causes.

Q. How is your building lighted?

A. New building by electricity; the old one by gas.

Q. How heated?

A. New building by steam, indirect radiation.

Q. Is your building fire-proof?

A. As near fire-proof as can be. The new building is three stories high.

A. It was built that way so as to conform to the other buildings.

Q. How do you obtain your water supply?

A. From the city.

Q. (Mr. Bliss.) Doctor, is it your experience, after patients have been returned from Harrisburg that you were able to give them as good care here as they received at Harrisburg?

A. They have been on a whole as well taken care of here as at Harrisburg.

Q. How about epileptics and criminals? Should they be kept separate?

A. They should be kept separate.

Q. Do you think you can give as good care in any county hospital and be as able to classify your patients as in a large State institution?

A. Possibly we can give as good care, certainly we try to do so and place the different classes in separate wards as far as is possible.

Q. Do you think if the county care system is to be continued that the county should have more absolute control?

A. A number of things would have to be taken into consideration.

Q. How are patients admitted to the hospital?

A. Admitted by certificate, and by the Court, the same as the other hospitals.

Q. How are patients discharge?

A. The system of discharge is on 30 days parole.

Q. What percentage of your patients are discharged as cured?

A. Forty patients discharged as cured last year.

Q. What number of patients admitted?

A. Eighty or ninety admissions with a regular population between 170 and 190.

Q. What number of patients discharged as cured, are recommitted as insane?

A. About 10 to 15 per cent returned.

Q. Are you able to classify very much?

A. Not very much. We have however only five criminal cases here.

Q. Can you take as good care of patients as State hospitals?

A. We think so.

Q. What would you think of having the epileptics, criminal insane, idiots and imbeciles separated in different hospitals?

A. Epileptics, criminal insane, idiots and imbeciles unquestionably should be separated.

ELK COUNTY HOME.

STATEMENT

OF

J. W. DeHAAS, Manager.



ELK COUNTY HOME.

Statement of J. W. De Haas, Manager.

In compliance with a request to appear before the Legislative Commission at a meeting to be held in Philadelphia for the purpose of obtaining a full expression of the views of the managers and superintendents of the State and county asylums upon matters pertaining to the welfare of their respective charges, I therefore submit the following statement in writing.

My experience in the care of the insane is very limited and I hardly know just what to say that would lend any aid to your honorable board. However, I am willing to make an attempt at outlining my ideas as definitely as is within my power.

In the first place I consider the county care act a very necessary law and one that is certainly based upon humane principles. The purpose of this meeting is, as I understand it, to obtain any suggestions that may be of value in ascertaining wherein the above act may be amended or improved. To whom are we to look for assistance in this quest but to those gentlemen whose daily contact with the inmates of the above mentioned institutions has peculiarly fitted them for the expression of ideas pertaining to the welfare of their charges.

I would like to see a county home erected, with an annex attached, in every county in the State of Pennsylvania. I do not wish to have a manager of any one of the State asylums take offense at what I give expression to, but I really know that the insane who are taken from the State asylums and placed in the county asylums improve more rapidly, both as to mental and physical condition, than they would at the State institutions, not because they do not receive proper treatment but because of the overcrowded condition of the State asylums. This overcrowding makes it almost impossible to classify the inmates.

I consider it a duty of all mankind to help his fellowman, whether sane or insane, and not to depress or suppress, and consequently I say that the county homes with the insane annex is certainly a god-send to those poor and unfortunate creatures because the insane are brought back to the county from which they were taken. It gives their relatives an opportunity for visiting which opportunity

is often too remote when the insane are not kept in the county home annex. The insane find the surroundings quieter, they find more liberty and the environment itself has a greater tendency toward relieving their already diseased brain.

I can only speak from what I positively know and in order to explain will relate an experience substantiating what has been said in the above.

When we were ready to receive inmates, which was in June, 1899, the three county commissioners and I went to the Warren Insane Asylum, at Warren, Pennsylvania, and from that institution selected eighteen or twenty insane patients. We told them we had come to take them back to Elk county and the news was certainly very joyful for them. In fact their joyousness was plainly visible and even more so when we arrived with them at our county home. The patients seemed to feel that they were nearly back to their friends. From out of this number of insane we selected five whom we did not consider violent enough to justify their confinement in the annex and therefore placed them in the front part of our building where the paupers room. Now out of these five, three were discharged as cured within nine months after they had been transferred from Warren asylum. One of this trio had been in Warren since the year 1893. The remaining two of the five referred to are still in our pauper department and have never given us any trouble whatever. Now this goes to show what a good effect a movement of this kind has on insane persons.

Seventy-five per centum of those we placed in our annex are of great use to us in the way of labor. The women help in the kitchen, dining room and in the laundry. The men are taken out on the farm and the older ones do the ward work. I go over each one's particular work with him in detail and I have found them equally as attentive and particular as men with sound minds.

There is no doubt in my mind but that the present law governing the insane in the State of Pennsylvania can be improved, particularly that part pertaining to the county institution.

I regard the location of an institution as of the greatest importance. I have noticed several institutions located, I might say, in the rural districts where the surroundings alone are depressing. In my opinion, these institutions should be located near a railroad and within two miles of a town or city. Having the location as suggested, there is an opportunity given the inmates to amuse themselves by watching the trains pass by and hearing the factory whistles blow, etc. I think these things have tendency to break the lonesomeness which is characteristic of this class of people.

A high elevation is also an important point in the location of these buildings. It gives the inmates a commanding view of the surround-

ing country. Consequently I consider it a wrong thing to locate an institution down in the hollow or low land where the inmates have nothing but the mountains and hills to stare at and where the air is certainly not so pure as it is on higher grounds.

I believe that the insane annex built in connection with the county homes should be erected at some distance from the main building and connected therewith by a hall or corridor. I should also suggest the maintenance of a separate dining-room for the insane. Although we dine our insane in the same room with the paupers, but I do not believe this to be a good plan. I have noticed that the insane, as a rule, are exceedingly sensitive and somewhat bashful and they do not care to be stared at, especially while they are eating. I was instructed, after receiving our insane, to have them dine after the other inmates had finished their meal, but I found this rather troublesome owing to the fact that some of the old folks eat very slowly thus causing a delay in preparing the tables for the insane. Besides, if the insane and the other inmates were given their meals at separate times it would be necessary to employ additional paid help.

I think it would an excellent plan to have architects visit the county institutions and learn from the managers just what is absolutely necessary for the proper construction of these institutions. I would also suggest that a member of the State Board visit these institutions for the purpose of obtaining all the information he could regarding conveniences, etc., to aid in the erection of these buildings. It does not cost any more to erect these institutions and have them convenient than it does to construct them after some old plan.

I merely make these suggestions because I know most of the institutions have been compelled to make various changes after they were occupied.

Another very important matter I wish to mention regarding the erection of insane annexes is this: Do not advocate the placing of the heating arrangements in the basement and supply the heat through the agency of registers because I have found these registers to be highly conducive to filthiness. The insane will not burn themselves on the radiators.

I would also advocate the painting of the walls and ceilings instead of using the common white coating for the reason that the latter becomes soiled and unsightly in a very short time. Also have plenty single rooms and see that the windows therein are well grated.

I find a little punishment of absolute confinement has a good effect. I am very much in favor of large sleeping rooms. I think they have a better sanitary effect, besides I believe the inmates con-

trol their feelings better when together. I also think it is the best plan to feed the insane with good, substantial food and plenty of it. Keep their stomachs full for the insane are more easily controlled when hunger is satisfied than when they are only half fed.

I could detail a great many more small points which would probably be of some use but I think I have said enough. Yet, I want to mention one more matter, which is of vital importance, before I conclude. The general meaning of the present county care act is well intended but rather expensive to the taxpayers. We are compelled by the present law to employ experienced nurses and attendants for our insane persons. Now we have at present but twenty-three or twenty-four insane and to keep the help the law requires would cost us nearly as much as it does to take care of sixty paupers. Now, the object in building our county homes was to reduce the taxation. Now, should the taxes increase whom do the taxpayers censure? No one except the county commissioners and the manager of the institution. We can not explain to these chronic kickers that the law requires all this help, therefore I would suggest that the State increase our weekly allowance so that we may be able to run our institution nearly on a level. We do not desire to make any money but would like to keep our heads above water.

If I am correctly informed, the State institutions receive the same weekly allowance that we do; they work large farms in connection with the institutions; they certainly receive a lot of help from the inmates; they are supplied with an army of hired help and besides all this receive an annual appropriation. I think that this financial matter should be deeply considered.

The following is a report showing the movements of the insane since we opened our institution, June 8, 1889, up until the present time. We received forty insane; ten have been discharged as cured; five have been transferred to Warren; two have died, leaving on hand this date nine women and fourteen men.

I would conclude by saying that we can accommodate as many more as we have at the institution at present. I trust that your honorable board may be able to find something of interest in this statement.

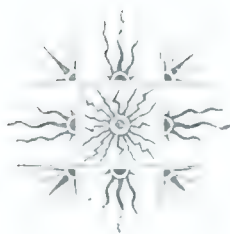
J. W. De Haas,
Manager of Elk County Home.

Somerset County Hospital for
the Insane.

STATEMENT OF MANAGERS

AND

L. C. COLBORN, Solicitor.





Somerset County Hospital—Front View.

SOMERSET COUNTY HOSPITAL FOR THE INSANE.

Statement of Managers and L. C. Colborn, Solicitor.

To the Honorable, the Legislative Commission to Investigate the
Condition of the Insane of Pennsylvania:

At the request of your honorable Commission the managers of the Somerset County Hospital for the Insane, through their attorney and secretary, present to you this paper embodying the views of both the managers of the hospital as well as the citizens of the county as expressed by them, and whose servants we are, together with a report of the hospital from its opening, with photographic views of the exterior and interior of the same.

Civilization is the outgrowth of man's humanity, to dispel human ignorance and superstition, to alleviate human distress, to combat human error, to protect and prolong human life, is an obligation resting upon all, and year after year there has been a large concourse of noble men and women giving their time and energies to this work, and solve many of the problems that confront them in the administration of their duties.

There is perhaps no more unfortunate form of human affliction than mental alienation, no more pitiable class of human dependents, than those who have been bereft of their reason. The weakness and helplessness of man in comparison with the lower order of animals in respect to his physical capacities has often been the theme of remorse and reflection.

Without reason and his proper senses, he is the most helpless of beings; but with them the most powerful. By the aid of reason and a cultivated and educated mind, man has acquired an ascendancy over every kingdom of nature, and like a conqueror, he compels those he has subdued to enlist in his service to further and greater conquests. By the aid of it he puts all nature to the question, and obtains a confession of her secret truths. He asks the beasts and they teach him, the fowls of the air tell him, and the fish of the sea declare unto him. He speaks to the earth and her smiling flowers, her golden fruits and joyous harvests reply. The mighty deep discloses

her secrets, at his command the stars of heaven present themselves to him and receive their names. He questions the regions of mid-air, and the rushing whirlwind and deep toned thunder give him instruction, and he has learned to rule the dreaded lightnings with a rod of iron, and uses the same to serve him in nearly every vocation. He harnesses the mighty winds to his car and they transport him across the pathless ocean to the most distant lands. Nothing seems too great for man in the full possession of his mental faculties, aided by wisdom, to overcome.

The great feats of engineering skill, the marvelous inventions and models of mechanism, together with the ingenuity of man, has brought forth the applause and admiration of the world.

But not so with the poor and unfortunate persons who have been bereft of their reason and mental faculties; he is but little removed from the animal kingdom; he is bereft of all sense of right and shame, constantly planning and doing those things, which, were he clothed in his right mind, would be the last thing he would do, and be horrifying to him in the extreme. Then, indeed, should these unfortunate beings have our first and greatest care. The ancients denominated them as demons, witches and devils, and were subject to the most brutal and cruel treatment.

The woes of the insane were sung by Homer and portrayed by Sophocles.

Dr. Pinel, of France, was the first to devote his life to alleviating the sufferings of this class of diseased people.

The cruel and barbarous treatment the insane received in the famous Bicetre insane prison, made his very soul stir within him, and through his undaunted purpose awakened an interest in these unfortunate beings throughout the civilized world, which was the beginning of the downfall of the gloomy mad house of the past, and made possible the evolution of the modern hospital for the insane.

Nor was our own country free from the same sad story of cruel treatment in our hospitals for the insane; and in fact, if the stories we sometimes hear are true we are led to believe that they are not altogether free from it yet.

Our Dorothy Dix, filled with a passion to relieve the sufferings of this class of unfortunates, devoted her life to bring about a system of reform, and drove the perpetrators of the harsh measures and treatment out and brought about a complete reform in the care and treatment of these most pitiable objects.

Christian charity was not to be shut out forever from the dark retreats of human torture. The dawn of the 19th century was one of promise for both man and humanity. The splendid achievements of science, the wonderful discoveries, the marvelous inventions, and

best of all the countless means for the relief and promotion of human suffering have made the century just closed the most notable epoch in the world's history since the birth of Christ. And the conditions and relations of human life must ultimately result in a permanent betterment of the race.

Horace Man was the first to enunciate the principle that the dependent insane are wards of the State. And the past few years have witnessed the triumph of State care and developed the idea of home life for the treatment of the insane.

Through the Associated Charities of Pennsylvania the movement of counties caring for their insane was advocated and finally adopted and urged by the Committee on Lunacy. Dr. Henry M. Wetherill, the very efficient secretary of the Committee on Lunacy, made investigation of the various plans of caring for the insane, and from an elaborate report of his investigation to the Legislature our present law was enacted, authorizing counties to make provisions for the care of their insane.

Words fail me to express to your honorable Commission my most hearty approval of this measure and know that it is endorsed by all the charitable and benevolent people of our county.

The law is beautiful in its character, humane and statesmanlike in its establishment, liberal yet economical, and a saving to the Commonwealth.

The criticism of some, against the county care of the insane, is harsh, unjust and untrue, and in several instances has come with a very bad grace. Pusely selfish motives that prompt it.

The provisions of the county act for providing for their insane is becoming popular with the people, who, after all, are the best judges of what is right and beneficial, and so highly has it been endorsed by the people who have adopted the plan and made provision for the keeping of their insane under it, that within four years nineteen counties of the State have gone to the expense to make the provisions required by law.

Through this movement the vaults of the State Treasury may be closed too securely to suit many who are subsisting on large appropriations from the State, and great revenues from the counties.

Through the urgency of the Committee on Lunacy, Somerset county, among the first, made provisions for the care of her most unfortunate classes, the insane.

The Somerset County Hospital for the Insane was opened for the reception of patients on the 1st day of October, 1898. The building was a two-story brick building, capable of accommodating forty patients. On the day of its opening 27 patients were admitted. These were quite chronic insane cases, such as is contemplated by

the act of 25th May, 1897. Arrangements were at once made to enlarge the building and on the 5th day of April, 1899, the Board of Charities approved of plans presented to them for the enlargement of the hospital. On the 17th day of July, 1899, the corner stone was laid with appropriate ceremonies, and on the 16th day of February, 1900, the building was dedicated to the care and treatment of the insane of Somerset county. The building or addition to the original 109 feet long and 48 feet wide, built of brick, slate roof, two stories, with finished attic, making it three stories on the inside. It is finished with hard wood floors and stairways, while the other is finished in natural wood. It is well lighted and ventilated; heated with hot water, and at night lighted with electric light; with wash and bath rooms on each floor.

The male and female wards are entirely separated, all using one common dining room. The stories are 10 and 9 feet high, equipped with three stairways and four fire escapes, all easy of access by doors, the danger of fire being reduced to a minimum. There is a cellar under nearly the entire house, and those who have examined it pronounce it to be one of the most convenient hospitals for its size of any in the State.

It is furnished with all the modern hospital furniture, iron single beds, with springs and good mattresses, a chair for each patient, beautiful dining room, cheerful hospital and sleeping rooms.

The water is supplied from tanks in the attic, which run through the house. Two 50 foot hose are attached to the tanks, ready for use in case of fire.

Perhaps the only thing that may be lacking in making this a complete and ideal hospital, is a sufficient quantity of water. In the summer and during dry spells the water supply is low and much inconvenience is suffered from it. The managers have taken steps to remedy this defect and have contracted for the drilling of a large well to which they will attach a steam pump, which will give them all the water necessary.

There are also two large airing courts for the male and female patients, with almost an acre of ground in each, with shade trees, benches, swings, hammocks, and other appliances for amusement and exercise. The hospital has a capacity of accommodating one hundred patients.

The directors of the poor are the managers of the hospital, who meet regularly on the 1st day of each month, while one of their number is designated to visit the home and hospital on the 15th of each month, with authority to act in all matters requiring his attention.

The steward of the poor house has the full supervision of the en-

fire premises, with power to do and act in all matters for the welfare and good of the hospital, as well as to furnish all things necessary for the running of the home and hospital.

In addition we have a superintendent and matron, who have the sole charge and superintendency of the hospital and patients. Two trained nurses, male and female, a cook and laundryman. A diet list has been adopted, and regular hours for the movement of the patients are observed. The patients when able help in many ways in the hospital, in cleansing the wards and other duties.

On the 21st of March, 1900, all the insane from Somerset county who were in State hospitals, save two, were returned to the Somerset County Hospital for the Insane. One of this number was returned to the hospital at Dixmont, simply on account of the destructive tendency of the patient and his evil and wicked propensities.

The physician is a graduate of a reputable school of medicine, and has been engaged in actual practice of medicine for ten years or more. He is in telephone communication with the hospital, besides making his regular visits. We also have a consulting physician, who can be called in emergency, or when the severity of the case requires. Happily his services are rarely ever required, the health of the patients being excellent.

The best evidence of the worth of the county care of its insane is from the patients themselves. No one desires to be returned, but on the other hand, the mere suggestion that they might be returned to State hospitals in case they grow worse or prove refractory, has a wholesome effect and acts as a stimulant.

Insane have feelings, love and sympathy in their nature, even with a diseased mind. And when they are taken away from home, friends and kindred, often despondency and melancholia afflict them, which ends in premature death. While from actual experience and observation, many that have been admitted in the Somerset County Hospital, where friends, parents and kindred could visit them, encourage them, bringing with them a little dainty, make them feel that they are not forsaken or abandoned, but temporarily there has had a beneficial and wholesome effect. We frequently parole patients for thirty days to go and see friends, and when they return it is like coming home; it is a pleasure and not punishment. There are but few incidents that speak more greatly in favor of the county care of these chronic insane.

Since the opening of the Somerset County Hospital for the Insane, there have been admitted up to the present time, 1 May, 1902, 120 patients; 76 males, 44 females.

Number of patients restored, 20.

Number of patients paroled, 15.

Number died, 16.

Number remaining in the hospital 1st May, 1902, males, 44; females, 28; total, 72.

Number of patients removed to the State Hospital at Dixmont from October 1, 1898, to May 1, 1902, 3.

The cost per capita of all inmates at the home, and patients in the hospital for 1899, was \$1.56; 1900, \$1.68; 1901, \$1.84.

The patients in the hospital are all quiet chronic insane, such as was contemplated by the promoters and advocates of the act of Assembly approved May 25, 1897.

We have visited many of the hospitals of the State, have made personal examinations of a number, and while we make no pretensions to compare with those of the State as to furnishings, decorations and adornments, purchased at the expense of the State, yet we do maintain and insist most earnestly without fear of contradiction, that the patients of the Somerset County Hospital for the Insane are as well contented, as well cared for, and as kindly treated, in health and in sickness as any others in any hospital in the Commonwealth.

Our people are in full accord with the idea of the county caring for her insane and when the proposition was suggested by Dr. Henry M. Wetherill, the directors of the poor were encouraged to take steps toward establishing a hospital, and since its opening it has met with universal approval, and are willing to go to most any extent in improving and making it an ideal and model hospital.

We herewith submit a copy of the rules governing the home and hospital, in addition to the rules of the Committee on Lunacy. We also submit a copy of our last financial report of the home embracing the cost of the hospital.

In conclusion, we would call your attention to the fact that the Association of the Directors of the Poor and Charities of Pennsylvania, will hold their annual convention in Somerset October 7th, 8th and 9th, 1902, to which we most cordially extend an invitation to your honorable Commission to attend, when and where you can visit the Somerset County Hospital for the Insane, and at the same time see an ideal almshouse.

Respectfully submitted,

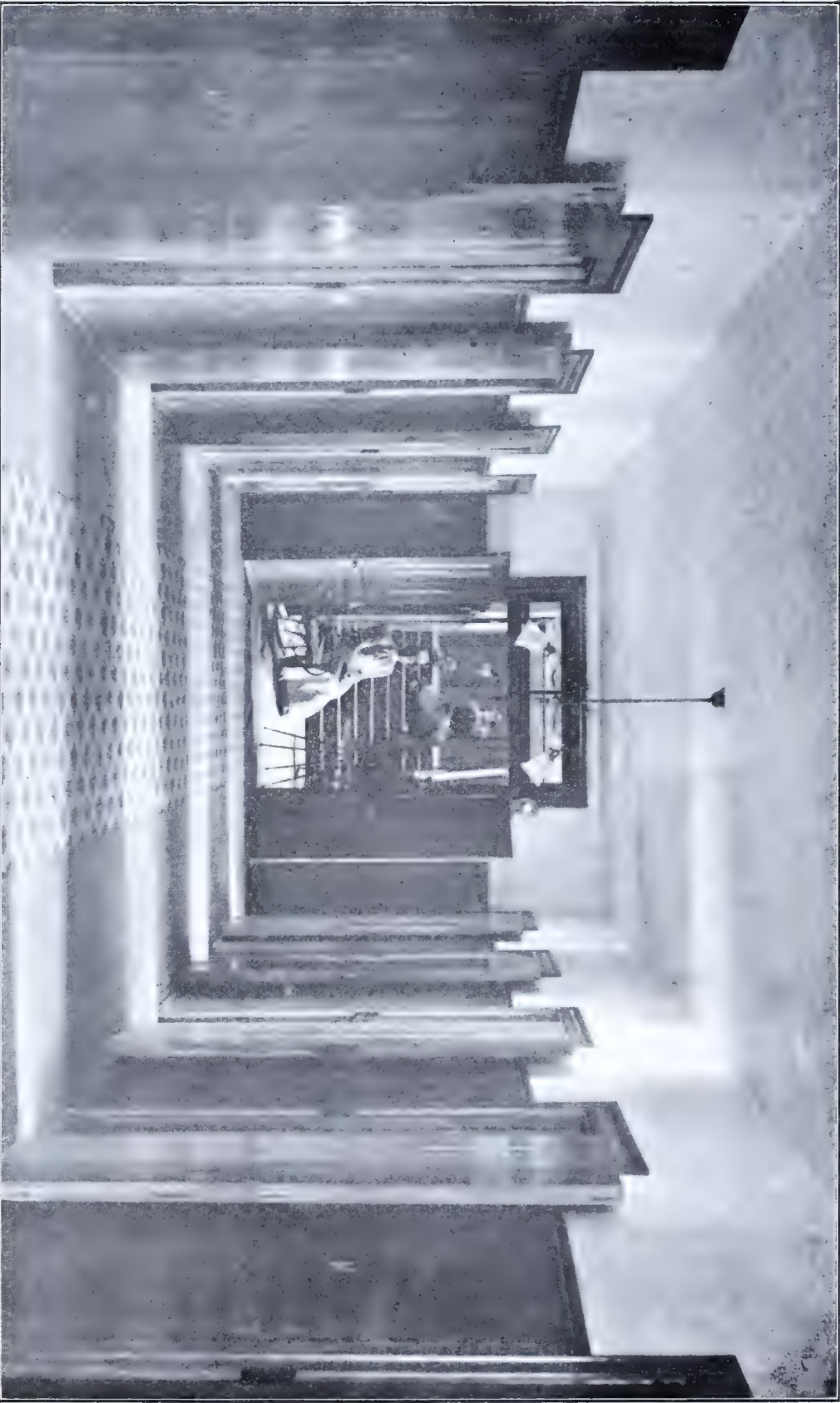
Managers of Somerset County Hospital:

W. J. GLUSSNER,

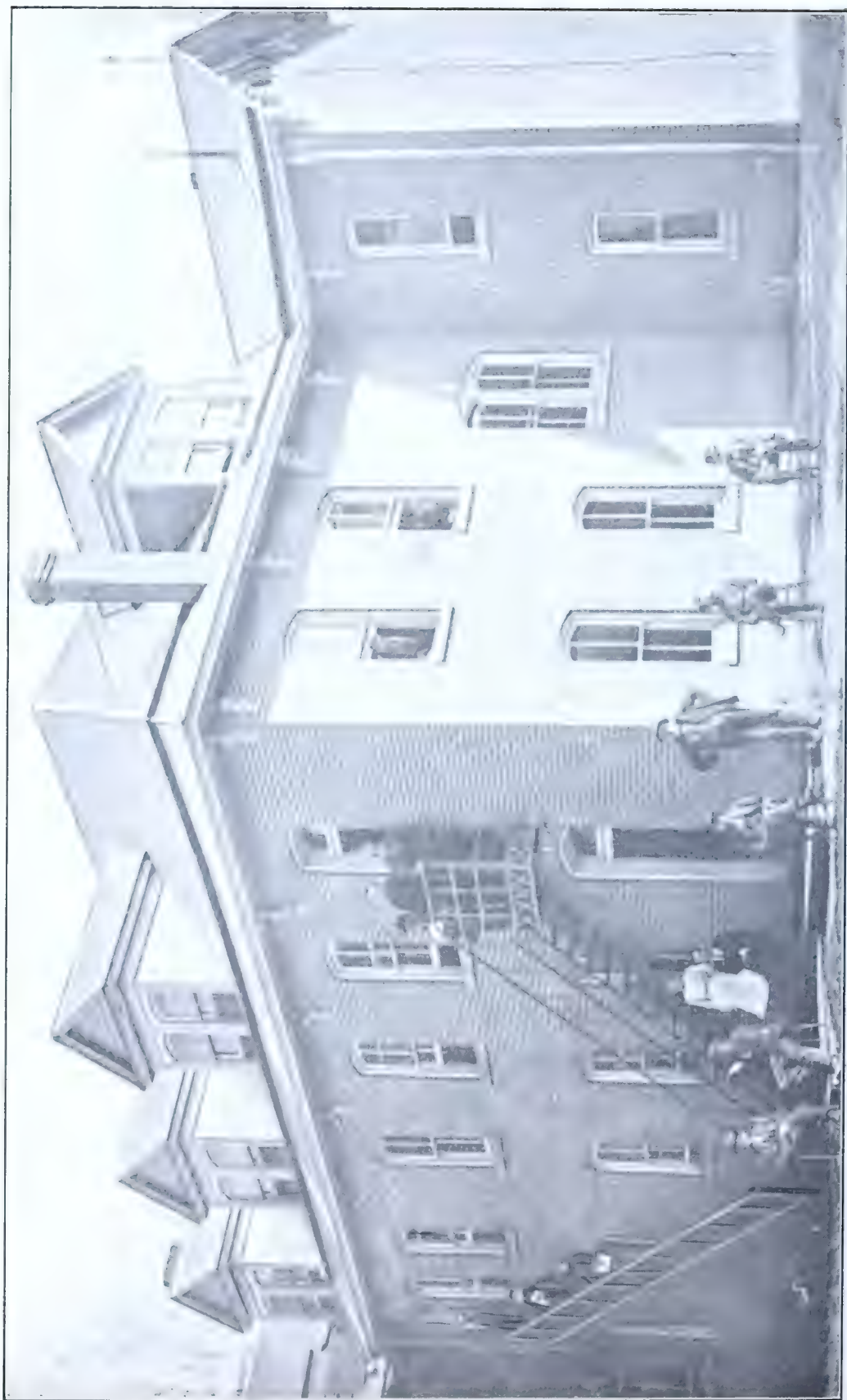
S. J. BOWSER,

GEO. H. SMITH.

L. C. COLBORN,
Solicitor and Secretary.



Somerset County Hospital—Second Ward—Looking into Female Ward.



Somerset County Hospital—Showing Fire Escapes on Male Wards.



Somerset County Hospital for Insane—Third Ward.



Somerset County Hospital—Female Wards—Fire Escape.



Somerset County Hospital—Male Wards—Fire Escape.



Somerset County Hospital—Dining Room.

Annual Financial Report of the Somerset County Poorhouse and
Hospital for Year Ending December 31, 1901.

Expenditures—Almshouse Expenses.

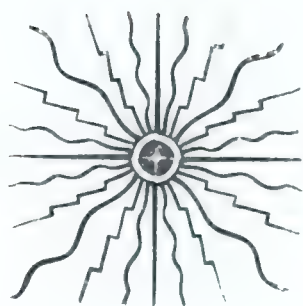
Salaries, wages and labor (including medical attention),	\$2,282 00
Provisions and supplies,	4,002 07
Fuel and light,	699 44
Clothing (including shoes),	1,187 81
Furniture and bedding and other dry goods,	738 36
Medicine and medical supplies,	257 55
Ordinary repairs,	138 12
Traveling expenses,	68 56
Farm expenses,	1,597 19
Incidental expenses,	253 88
<hr/>	
Total current expenses,	\$11,224 98
Buildings and improvements,	1,463 75
Other extraordinary expenses,	613 25
<hr/>	
Total almshouse expenses,	\$13,301 98
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Outside Expenses.

Out-door relief,	\$250 82
Insane in State hospital or other hospitals,	92 34
Children in homes and private families,	247 00
Feeble-minded in training schools,	49 46
Support of poor in other institutions,	72 24
Other outside expenses,	543 37
<hr/>	
Aggregate expenditures,	\$14,556 21
Total receipts not tax receipts,	7,979 46
<hr/>	
Net cost to county or district (obtained by deducting receipts from the total expenses),	\$6,576 75
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Liabilities.

Salaries unpaid,	None.
Number of days support given inmates, including va- grants, during year,	42,511
Average weekly cost per capita,	\$1 84
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Allegheny County Hospital for
the Insane.

STATEMENT

OF

J. LEWIS SRODES, M. D., Physician in Charge





Allegheny County Hospital for Insane—Woodville—Front View.



Allegheny County Hospital for Insane—Woodville—Rear View.

ALLEGHENY COUNTY HOSPITAL FOR THE INSANE.

Statement of J. Lewis Srodes, M. D., Physician in Charge.

Legislation Commission to Investigate the Condition of Pennsylvania Insane:

Gentlemen: In compliance with a request from the Legislative Commission to Investigate the Condition of Pennsylvania Insane, under date of April 23, 1902, the board of directors of the Allegheny County Hospital for the Insane desire to submit the following:

The Allegheny County Hospital is located in Chartiers Valley, at Woodville, Allegheny county, Penna., on the lines of the P., C., C. & St. L. and the P., C. & Y. R. R's, thirty minutes ride from Union depot, Pittsburg. The buildings are within ten minutes walk from Woodville station and stand well elevated, overlooking a considerable portion of Chartiers Valley.

They consist of a department of the poor and a department for the indigent insane. The department for the insane owes its existence to the fact that until two years ago Allegheny county was supporting in other institutions about 400 insane, and upon notification that owing to their overcrowded condition, the patients coming under their care could not be admitted. They were compelled to provide a place where these unfortunate cases might receive proper care.

The buildings are erected on what is known as the cottage plan, in close proximity to the county home of Allegheny county, on a farm of 205 acres. There are eight cottages, two stories in height, each containing a day room for patients, and a dormitory for fifty patients, and a corridor, on either side of which is located rooms for the accommodation of the disabled.

Each cottage connects with a main corridor which is 500 feet in length and along which is located between the cottages, semi-circular day rooms and sun parlors, visiting rooms, and etc. In the central building is located a very commodious chapel and amusement room where religious services and entertainments are conducted with great regularity. There is also in this building a large kitchen and congregate dining rooms.

The sanitary arrangements are as complete as modern methods can make them, each cottage having its separate toilet and bath on either floor. The water supply consists of filtered spring water and also from drilled wells which is conducted to the wards through modern filters. A reserve supply is provided for by being connected with the mains of the Chartiers Water Company as a protection against fire and for sewage purposes.

The heating of the building is accomplished by the Webster system, the operation of which is based on the principle of the flow of the steam and condensation from a pressure slightly below that of the atmosphere or into a partial vacuum which has been effected throughout the supply pipes, radiating surfaces and return pipes in advance of turning on the steam, which when turned on flows rapidly into the lower pressure. The fuel used is bituminous coal which is procured from a shaft in direct connection with the boiler room. The coal belongs to the farm as well as a liberal supply of natural gas from wells which are also the property of the farm.

Our electric light plant furnishes light for the hospital and also for the department for the poor.

Employment is provided for every patient whose physical condition will permit and as our building has only been occupied since October, 1900, we have a great variety of out door employment on our farm and in beautifying our lawns and etc. However, it is the aim and intention of the directors to provide a variety of light employment for the winter months, such as the making of mattresses, brushes, baskets and such articles as will prove a useful diversion for the patients and be useful to the institution, and to add from time to time such buildings as will be necessary for the proper classification of patients, isolation of tuberculosis and other contagious diseases.

It is the unanimous opinion of our management that there should be erected in this State an institution for the care and treatment of epileptics, as the constant association of other forms of insanity with this class of patients is harmful and in many cases quite disastrous.

A copy of the ordinances, rules and regulations and our annual report in which will be found the tabulated records of our institution, accompany this report and will furnish the information in regard to the care of the patients, and the government of the officers and the fifty-six employes engaged at the hospital.

October 1, 1900, building opened for the reception of patients.

October 1, patients transferred from the Home,	110
October 19, patients transferred from Dixmont,	50
October 26, patients transferred from Dixmont,	50

October 31, patients transferred from Wernersville, ..	26
November 2, Patients transferred from Dixmont,	50
November 14, Patients transferred from Dixmont,	27
December 31, patients transferred from Home,	33
Admitted new patients,	14

Total received to December 31, 1900,	360
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Expenses.

For supplies and etc.,	\$13,057 33
For buildings and improvements,	8,489 52

Total expenses,	\$21,546 85
Cash received,	696 88

Net cost to county,	\$20,849 97
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1901.

Paid for supporting inmates,	\$37,943 99
Received on account for patients board bill,	3,609 16

Net cost to county and State,	\$33,334 83
Number of deaths during 1901,	85

Annual Report of the Allegheny County Hospital for the Insane.

	White.		Colored.		Total.	Native.		Foreign.	
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.
In Hospital January 1, 1901,	196	142	4	6	348	102	68	92	86
Admitted during the year,	62	47	2	2	113	32	38	32	11
Total in and admitted,	258	189	6	8	461	134	106	124	97
Discharged during the year,	16	13			29	7	3	9	10
Escaped during the year,	5				5	3		2	
Died during the year,	39	42	3	1	85	26	27	18	14
Total during the year,	60	55	3	1	119	36	30	29	24
Remaining in the Hospital December 31, 1901,	198	134	3	7	342	98	76	95	73

Nationality of the Admitted.

	Germans.	Ireland.	England.	Wales.	Hungary.	Austria.	Poland.	Sweden.	Italy.	Russia.	Canada.	United States.	Total.
Males admitted,	11	4	3	....	1	6	2	1	3	1	...	32	64
Females admitted, .....	....	5	1	1	1	1	1	....	...	1	1	38	40
Total admitted,	11	4	8	1	2	7	3	1	3	2	1	70	113

BLAIR COUNTY HOME AND LUNATIC HOSPITAL.

Report of Directors of the Poor and House of Employment of Blair County Home and Lunatic Hospital, through the Superintendent, to the Court and Grand Jury in and for the said County for the Fiscal year ending March 31, 1900.

To the Honorable Martin Bell, Judge of the Court of Quarter Sessions and the Grand Jury of Blair County, Pa.:

In compliance with the act of Assembly relating to and controlling "boards of directors of the poor and house of employment," we hereby submit the following report to the honorable court and to the grand jury for their consideration and approval.

Population of the county home and lunatic hospital for the fiscal year commencing April 1, 1899.

Admitted during the year, 123 adult males; 47 adult females; 12 children, 5 of whom were born in the institution. Total admitted, 182.

Deaths during the year, 19; discharged, 153; total discharged, 172; total number cared for during the year, 331. Now we should add to this number the people maintained in the contagious disease hospital which numbered in all, 21. All provisions for emergency hospital were charged to the home.



Blair County Home and Asylum for Insane—Hollidaysburg.

There were also 410 meals furnished to vagrants.

Remaining in home April 1st, 93 males, 66 females and one child.

Total, 160.

Farm Produce.

Wheat, 1,125 bushels; rye, 123 bushels; oats, 124 bushels; barley, 266 bushels; corn, 18,860 bushels; fourteen acres corn ensilage; potatoes, 960 bushels; turnips, 85 bushels; peas, 22 bushels; beans, 26 bushels; onions, 15 bushels; cucumbers, 10 bushels; lettuce, 12 bushels; beets, 15 bushels; grapes, 8 bushels; sweet corn, 144 dozen; tomatoes, 50 bushels; cabbage, 7,000 heads; peppers, 15 dozen; celery, 500 bunches; radishes, 6 bushels; cherries, 4 bushels; apples, 600 bushels; corn fodder, 10 wagon loads; hay, 124 tons.

Meats consumed in and slaughtered at the institution—17,317 pounds beef, 7,394 pounds pork, 295 pounds veal, 900 pounds dressed chickens, 176 pounds dressed turkey.

Butter, Eggs, Soap and Applebutter—3,240 pounds of butter, 1,049 dozen eggs, 2,860 pounds of soap, 210 gallons applebutter.

Sewing Room Department—148 dresses, 96 skirts, 168 towels, 151 infants wear, 110 sheets, 108 aprons, 43 women's drawers, 29 night gowns, 33 chemises, 247 pillow cases, 36 bolsters, 8 bed ticks, 19 table cloths, 3 pillows, 11 shirt waists, 16 waists, 57 children's wear, 1 quilt, 3 haps, 3 stand covers, mended 3,360 pieces, patched and darned 360 pairs stockings.

Inventory of Stock, Etc.

Cattle, horses, hogs, poultry, etc.,	\$2,174 00
Grain and feed on hand,	1,300 00
Farming implements, etc.,	1,026 00
Office and chapel furniture,	169 00
Provisions and supplies,	873 76
Clothing, shoes and dry goods,	243 10
Kitchen, dining room furniture and fixtures,	358 00
Ward furniture and furnishings,	1 698 00
Laundry and bakery,	1,571 00
Furniture, dishes and cutlery in steward's residence, ..	565 00
Miscellaneous articles,	350 00
Farm mountain land, buildings, reservoirs, water line and electric light line,	78,500 00
Total,	<u>\$88,827 86</u>

Expenses for the Year 1899.

The expenses of the directors of the poor were considerably augmented by reason of the epidemic of small-pox in Altoona and other places. Happily for all concerned the matter was finally handled, after we had brought into use the houses at the Altoona filter beds, without paying exorbitant prices for physicians and nurses. And while we received little or no commendation, for our work in making provision for these unfortunate small-pox patients, but much condemnation, we are greatly pleased and reverently thankful that no deaths occurred at the hastily improvised contagious disease hospital, and, so far as we know, no bad effects of the disease mar the good looks and health of those who were afflicted.

We did the best we could under the circumstances, making use of the facilities at hand.

In consciousness of the disapproval of the location and kind of building we were compelled to occupy, I hope aid and encouragement will be given toward the erection of a good contagious disease hospital. Let this be done if money must be secured by subscription. Then we will always be ready for emergencies.

Out Door Relief.

Strange to say that importunities for out door relief have not decreased, notwithstanding the fact that times are better and no reasonable excuse exists for unemployed men. The directors respectfully request the co-operation of all citizens in urging distressed people to come into the home, so that outside relief may be kept at a minimum.

New Reservoir.

The construction of a new and large reservoir, 60 feet in diameter and 14 feet deep, was rendered necessary because of the increased consumption of the institution and the smallness of the old one.

All the building material used in its construction was hauled by the farm and driving teams, which was done with some difficulty, as the grade was very steep. This reservoir has been in use for five months and we think it will give entire satisfaction.

During the drought of the summer our water supply diminishes so much that a day's washing or bathing leaves the old reservoir dry, and our building and people were in eminent peril in case of fire. Now, however, this danger and anxiety are over and our new reservoir will give us adequate storage capacity for water for all purposes. Having been located on a high elevation, due west of the home, the water can be thrown upon and over the buildings by force of gravity, thus making the wards doubly secure from total destruction by fire.

Expenses Imaginary; Expenses Real.

There is on the part of many citizens of our county a misconception and ill-conceived criticism of the current expenses of the almshouse. If, as has been asserted by many persons, the cost of the county home for the year 1899 was the sum of twenty-six thousand six hundred forty-six and six one-hundredth dollars (\$26,646.06), then why have the county auditors publish an itemized report, giving in detail where and to whom orders for money have been drawn? It is said commentary on the ability of our county auditors to prepare carefully and systematically what they consider all simple and plain reports, and yet the critics fail to comprehend the same.

Therefore, primarily and particularly, for the benefit and satisfaction of all of our citizens who, either by misrepresentation or by misunderstanding, have had a wrong impression of the cost of the county home and have said some harsh and uncomplimentary things about the management, I have carefully compiled the exact expenditures of the Blair county almshouse for the year 1899, which I transmit herewith, and I hope they will have a careful and intelligent perusal. It is as follows:

Salaries and wages,	\$4,098 50
Provisions and supplies,	3,685 10
Fuel and light,	1,141 37
Clothing and shoes,	1,397 64
Furniture, bedding and dry goods,	972 82
Medicines and medical supplies,	270 43
Ordinary repairs,	232 52
Traveling expenses,	112 39
Publishing and printing,	175 00
Incidentals,	351 14
Farm,	882 26
Funeral expenses,	115 00
Other expenses,	45 00
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Total current expenses,	\$16,479 17
Buildings and improvements,	3,011 77
<hr/>	
Total almshouse expenses,	\$16,490 94
Receipts belonging to home,	6,000 00
<hr/>	
Net cost of almshouse to county for the year	
1899,	\$10,490 94
Number of day's support given inmates during year, ..	56,940
Average weekly cost per capita,	\$1 28
<hr/>	

But the total net cost of the almshouse, to the taxpayers, for the year 1899, is \$16,190.94 less the \$3,011.77, less \$6,000 cash receipts or \$7,479.17.

Now, take our average number of inmates, or 156 per month, and you have for their maintenance \$47.94 per capita per year, or \$4 per month, which is not, as many times asserted, "more than it would cost to keep them at a hotel." Furthermore, we have never known hotels to furnish clothing, food, physicians, nurses, medicines, coffins, etc., for the small pittance of \$4.00 per month.

Our cash receipts for the year were more than ever in the history of the almshouse, chiefly because a number of our population are wards of the Commonwealth as well as of the county and also for the reason that the Legislature of 1897 decreed that the counties should be helped and encouraged, and appropriated \$1.50 per capita per week for each indigent insane person maintained in a county home or county asylum having accommodations and equipments approved by the State Board of Charities.

Money Saved the County.

In addition to what we received from the State Treasurer for the year 1899, \$1,646.01, we have saved the county the sum of \$6,015, which would have been paid our commissioners and directors of the poor to the several State lunatic hospitals for caring for our chronic insane.

Our average number of insane maintained in our homes was sixty-five (65). Ninety one dollars would have to be paid for each one kept at a State hospital.

The inception of county care in Blair county home.

In May, 1898, we received our license from the State Board of Charities and recommendation to the Auditor General authorizing us to benefit by the "county care act" of 1897.

On the 9th of June, 1898, we brought thirty insane patients from Harrisburg asylum, making with twenty-eight already in the home, a total of fifty-eight.

Many of those thirty patients transferred from Harrisburg asylum had been here in the home preparatory to their admission into the State asylum, and the twenty-eight on hand were those who had been brought back from the asylums at Danville and Harrisburg, together with those gathered in and maintained in the home since 1893. So now, at the outset, we had mostly those patients who were of the quiet, chronic insane, and very few recent, or acute, cases.

The majority of these people were and are indigent, depending entirely upon the charity of the county. To provide properly for this class of patients and draw from the State \$1.50 per week per

capita, it was necessary to set apart exclusively for their use certain wards, sitting rooms and other apartments, get window guards, outside iron stairways and make other important changes and improvements.

Also to give these people good, wholesome food, good beds, furniture, etc.

Also to have male and female attendants, to care for these nervous people and kindly guard their welfare.

This was all done to the satisfaction and approval of the State Board of Charities. The work so far has been carried forward in accordance with the rules and regulations of the State Committee on Lunacy, and our success has received the hearty commendations and congratulations of the honorable committee. Our average of those cured and improved for the year 1899 received special mention and were among the highest of any in the State. Now, then, whence comes all this agitation and recommendations about a separate building and proper enclosure at the almshouse? A few thousand dollars expended for additional dining rooms, a few isolated rooms, a drying room for laundry and other necessary changes on the present building, will meet the requirements for the quiet, chronic insane for a decade of years to come.

This is all that we and our patients demand and no burden will be put upon our taxpayers.

All who have carefully studied this work and kept in touch with the methods employed throughout the country and also the tendency to crowd institutions with those suffering with nervous troubles will agree that ultimately Blair county should have a hospital building for its unfortunate insane as good, fine and substantial as any other county in the State. Finally, let this be done, for no class of dependent people deserves more care and sympathy. But let the county commissioners obtain the money without burdening the people. If it requires a few years, let us possess our souls in patience.

Allegheny county is spending \$300,000 for an insane hospital. Luzerne county has just completed one at a cost of \$250,000. Chester county is now occupying its new building, which cost \$120,000. Why should not we erect an insane hospital commensurate with the growth and dignity of our wonderful, resourceful and wealthy county.

No other board of directors of the poor in this great State was able to fit up and set apart separate apartments and wards of its county home for this special work with so small an outlay of money, because our buildings were new and so constructed that very few changes had to be made. The directors of the poor are not of the opinion that a separate building for the proper care of our insane is absolutely needed at the present time.

We do not have more people in the home, notwithstanding the nervous cases now numbering seventy-five, than we had at different times before getting the State license. But if the people generally throughout the county demand a new building and the commissioners will collect the money then the directors of the poor will gladly co-operate. However, there is no necessity for special taxation. Let our honorable commissioners have time to consider and act, and retrench if needs be somewhere else, and lay aside money ready for the building use.

Methinks I hear the critics say extravagance! extravagance!

Well, I am just asking you to lay aside the \$6,000 a year which we would have to pay the State hospitals for maintaining the number of nervous cases we are now caring for, and add to that the \$5,000 or more which he will now receive from the State, and in a few years we will have the \$100,000 for the Blair county lunatic hospital.

I know that our people are not in favor of retrogression in this work, but want to be classed among the first of the counties of this great Commonwealth in the location and construction of buildings and making happier the nerve-wrecked, over-worked, disappointed and broken hearted men and women who make up the roll of hospital inmates.

We point with pride to our magnificent court house, our adamantine jail and our beautiful county home.

They all are monuments of the home pride and liberality of our people.

Let the same broad and generous liberality be manifested in the establishment and erection of a hospital for the insane of our county. Let the building be solid, good and beautiful, an honor to our citizenship and a blessing to our unfortunate, nervous, mind-disturbed people. But not yet! We are not financially able! Let the county exchequer be filled, and let us consider well the location, the height, length and depth of a building, which will accommodate not 125, but probably 225 patients.

Respectfully submitted,

P. H. BRIDENBAUGH,

Steward.

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